# EXHIBIT

Folder 3
PH. 2

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.: VA0003867
Report Period: From 7114168 To 7 120168
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to the possibility of the person of months and 5 years).
Signature of Principal Officer or Authorized Agent / Date
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 7/21/02 To 7/27/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schuttz / Technica / Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 7/240\$ To 7/31/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance  *Comments on Noncompliance  Theodore Schultz / Technical Supervisor.  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Elizabeta**  **Elizabe

### PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) **DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 DISCHARGE PERMIT NUMBER NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

08

FROM

01

2008

08

31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FACILITY

610 Menhaden Rd

LOCATION:

Parameter		QUAN	TITY OR LOADING	er ront at Ar	The Total	QUALITY OR CON	CENTRATION	Litera ( proceeding	NO.	FREQUENCY	SAMPLE	LAB
Stage of the Stage		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	CONTRACTOR OF THE	TYPE	CODE
LOW	REPORTD	3.604	4.254		*****	*****	XX.XX		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD			VI. LE MESSEA			CONT	EST	<u> </u>
PH	REPORTD	****	****		7.02	****	8.36	su	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	JENGLEN IN INCHES		1 1	6.0		9.0	30	700	3D/W	GRAB	
BOD5	REPORTD	145.0	346.9	L/OID	*****	*****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D		THE STATE OF STREET		9	F 38	3D/W	24HC	
TSS	REPORTD	93.6	153.0	140/5	****	*****	****		0	3D/W	24HC	1
PARAM CODE: 004	REQRMNT	650	1600	KG/D		14.4		2	1328	3D/W	24HC	
CL2, TOTAL	REPORTD	****	*****		*****	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT		1000	l i		580	1200	00/2	200	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.58	*****	1,00	*****	0.11		MG/L	0	1/W	24HC	1
PARAM CODE: 012	REQRMNT	23	A ASSESSMENT OF STREET	KG/D		2.0	AND THE PARTY	IVIGIL	4.120 L	1/W	24HC	4
CYANIDE, TOTAL (AS CN)	REPORTD	****	****			<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT				Y PER LOXESTE	96	110	JG/L		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the 8ay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE					
OVERFLOWS	0	0	0	Theodore So	hultz	1911004868					
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACE	IMENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CEF	RTIFICATE NUMBE	R			
QUALIFIED PERSONS MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	804-453-4211					
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY HAT THERE ARE SIGNIFICANT HTV OF FINE AND								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		
statutes may include fine	es up to \$10,000 and/or maximum	imprisonment of between 6 monte	is and a years.)						Page 1		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

**DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

FACILITY

LOCATION

Omega Protein - Reedville

PO Box 175 ADDRESS

Reedville, VA 22539

610 Menhaden Rd

YEAR

VA0003867

PERMIT NUMBER

DISCHARGE NUMBER

31

001

MONITORING PERIOD

FROM

DAY YEAR MO DAY MO 2008 .08 01 80

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	QUANTITY OR LOADING				company maker micha	QUALITY OR CON	CENTRATION	741 730	NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM -	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
AMMONIA, AS N	REPORTD		*****		*****	4.12	7.62		0	2/M	24HC	
PARAM CODE: 039	REQRMNT				SECTION SECTION	NL	NL NL	MG/L	NAME OF THE PERSON NAME OF THE P	2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		*****	*****	39.9		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT				Na GOVERNMENT AND A		50	C		1/DAY	IS	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>3×881</td><td>*****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>3×881</td><td>*****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		3×881	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	hay karanga baga		****		SWH	3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesspeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	AND OCCURENCES G.)		TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE									
OVERFLOWS			Theodore S	chultz	1911004868									
CERTIFY UNDER PER	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH	MENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CERTIFICATE NUMBER								
UALIFIED PERSONN AY INQUIRY OF THE	R MY DIRECTION OR SUPER VISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT IFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON QUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY INSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY		ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804-453-4211							
NOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	N, THE INFORMATION SUBM COMPLETE, I AM AWARE TH DN, INCLUDING THE POSSIBIL	IAT THERE ARE SIGNIFICANT											
MPRISONMENT FOR	KNOWING VIOLATIONS. SEE s up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	Page					

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

**ADDRESS** 

Omega Protein - Reedville PO Box 175

Reedville, VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

> 002 VA0003867 DISCHARGE PERMIT NUMBER NUMBER

**DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

FACILITY LOCATION

610 Menhaden Rd

| MONITORING PERIOD | | YEAR | MO | DAY | | YEAR | MO | DAY | | Z008 | 08 | 31 |

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	16-16-12	QUAN'	TITY OR LOADING	CARL NAT	MICHEL GENERAL PHARM	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	0.161	0.226		****		****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL NL	MGD	Frust 11 11 Seache	case ""Auros		8	MESON.	STOREON TO STORE	MEAS	1
PH	REPORTD	****	****		7.55	*****	7.97	SU	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNT		Page 1		6.0		9.0	30	STATE OF THE PARTY	2D/W	GRAB	
BOD5	REPORTD	9.85	13.7	L VOID	*****	*****	*****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840	KG/D		5 (10 to 10 to	*****	6		2/M	24HC	4
TSS	REPORTD	14.8	19.4	14010		****	*****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410	KG/D	variety 1300 allowed		AND STREET,		elke	2/M	24HC	a l
COLIFORM, FECAL	REPORTD	*****	****		*****	222	*****	N/CML	0	1/00	GRAB	]
PARAM CODE; 006	REQRMNT		Maria de Cara de Maria de La Cara de C	3		NL NL	进步 经通过的	14/CIVIL	A STAN	1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.85	*****		****	1.67	****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	antower to	KG/D	GALLES STATEMENT	NL:	0.000.000.000	IVIG/L		1/W	24HC	
AMMONIA, AS N	REPORTD	*****	****		*****	16.1	18,3	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT		y servoire the chile	ğ		38	45	IVIGIL	16877	2/M	24HC	ğ

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanne; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the accessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE										
OVERFLOWS	0	0	0	Theodore So	hultz	1911004868								
	NALTY OF LAW THAT THIS D N OR SUPERVISION IN ACCO			TYPED OR PRINT	ED NAME	CEF	RTIFICATE NUMBE	≣R						
QUALIFIED PERSONNI MY INQUIRY OF THE F RESPONSIBLE FOR GA	EL PROPERLY GATHER AND PERSON OR PERSONS WHO M ATHERING THE INFORMATION	EVALUATE THE INFORMATIO IANAGE THE SYSTEM OR THO N, THE INFORMATION SUBMI	ON SUBMITTED. BASED ON 📑	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804-453-4211							
PENALTIES FOR SUBM IMPRISONMENT FOR A	AITTING FALSE INFORMATIO KNOWING VIOLATIONS, SELL 1 up to \$10,000 and/or maximum	N, INCLUDING THE POSSIBIL 18 U.S.C. & 1001 AND 33 U.S.C	JTY OF FINE AND  L & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 3					

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville PO Box 175

Reedville, VA 22539

VA0003867 002

PERMIT NUMBER DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

**FACILITY** LOCATION

610 Menhaden Rd

MONITORING PERIOD DAY DAY YEAR MO YEAR MO 2008 31 2008 08 01 08 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	8 7 5 1	QUANTITY OR LOADIN			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	LAB
	ALL WORT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	LA CONSTITUTION OF THE PARTY OF	CODE
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		*****	26.8	30.3		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	Section 1	•		**************************************	NL	NL	C	396	2D/W	IS	
	REPORTD	*****	*****		*****	1709	*****	NION	0	1/VV	GRAB	
PARAM CODE: 140	REQRMNT	alle a street a local and	•••••		Albert	o NL		N/CML		1/0	GRAB	
	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>*****</td><td></td><td></td><td>0</td><td>. 2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>*****</td><td></td><td></td><td>0</td><td>. 2/M</td><td>GRAB</td><td></td></ql<>		****	*****			0	. 2/M	GRAB	
PARAM CODE: 500	REQRMNT		46	KG/D		*****	*****		21975	2/M	.₩GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Henna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conhowever, conduct the monitoring at the sconest opportunity thereafter, Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. Those will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE					
OVERFLOWS	0	0	0	Theodore So	chultz	1911004868					
CERTIFY UNDER PER	VALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CERTIFICATE NUMBER					
QUALIFIED PERSONN MY INOUIRY OF THE	DER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT LLIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY PONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	804-453-4211					
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH NN, INCLUDING THE POSSIBIL	IAT THERE ARE SIGNIFICANT								
MPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 4		

**COMMONWEALTH OF VIRGINIA** DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

FACILITY

LOCATION

Omega Protein - Reedville

**ADDRESS** PO Box 175

Reedville, VA 22539

610 Menhaden Rd

003 VA0003867 DISCHARGE PERMIT NUMBER NUMBER

MONITORING PERIOD

FROM

YEAR МО DAY 2008 08 01

YEAR MO DAY 2008 80 31

**DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE; READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD				*****	*****	****					
PARAM CODE: 001	REQRMNT	NL:	NL .	MGD	PLANT THE PERSON	The Property of the			\$23(s);	CONT	EST	
РН	REPORTD	****	*****			*****		SU				
PARAM CODE: 002	REQRMNT		Masin''' Taron		6.0	THE REPORT OF THE PARTY OF THE	9.0	30	源到	2/M	GRAB	

3OD5	REPORTD				*****	*****	*****				
ARAM CODE: 003	REQRMNT	4300.	7700	KG/D	Ecast And Dadis		Sport to the care		4890	2/M	сст24НС.≪°
SS SS	REPORTD	95.140.2.00.00.00.00.00.00.00		KG/D	****	****	*****				
ARAM CODE: 004	REQRMNT	110	280	KGID	NEW THE PERSON		第二年6月,伊州省6		200	2/M	24HC
00	REPORTD	****	*****				*****	MG/L	_		- Annaham
ARAM CODE: 007	REQRMNT				NL	NL ,			me	1/DAY	GRAB
HOSPHORUS, TOTAL (AS P)	REPORTD		*****	KG/D	*****		****	MG/L			04110
ARAM CODE: 012	REQRMNT	3.0	2003/A 602 82 5	KG/D	Sec. Comments	2.0				1/W	24HC
MMONIA, AS N	REPORTO	*****	****		****			MG/L			
PARAM CODE: 039	REQRMNT		THE POLICE OF THE			37	45		A 10	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigoration Water Discharge monitoring (Part 1 B 3) was not conhowever, conduct the monitoring at the scorest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR		PONSIBLE CHARGE				
OVERFLOWS OVERFLOWS		Theodore S	1911004868							
CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED NOBE MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT				TYPED OR PRIN	CERTIFICATE NUMBER					
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON			HOSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	4-453-4211			
NOWI FORE AND BE	LIEF TRUE, ACCURATE AN	O COMPLETE, I AM AWARE T	MITTED IS TO THE BEST OF MY HAT THERE ARE SIGNIFICANT					-		
MODISCONMENT FOR	AITTING FALSE INFORMATI KNOWING VIOLATIONS, SE s up to \$10,000 and/or maximum	ON, INCLUDING THE POSSIBI	C. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	Page	

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

**DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

**ADDRESS** 

PO Box 175 Reedville, VA 22539

003 VA0003867 DISCHARGE PERMIT NUMBER NUMBER MONITORING PERIOD

**FACILITY** 

610 Menhaden Rd LOCATION

MO DAY YEAR MO DAY YEAR 2008 80 01 2008 08 31 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	10-10 To 3	QUANTITY OR LOADING		ARIAN TORRALLERS	QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB	
Parameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		*****			С				
PARAM CODE: 080	REQRMNT					NL III	NL NL		經濟	1/DAY	IS	
COPPER, DISSOLVED (UG/L AS	REPORTD	****			*****			110#				
CU) PARAM CODE: 442	REQRMNT					NL	NL .	UG/L	WAVE Sience	1/M	GRAB	
OIL & GREASE	REPORTD	TO SOME THE PARTY OF THE PARTY	NEWS THE LONGWISHING	1400	*****	****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	24401 <b>532</b> 00963				Marie 1	2/M:	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of fishing in preparation for Tropical Storm Hanna; Chesapeake Bay Refrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd, Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received.

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL	TOTAL FLOW(M.	TOTAL BOD5(K.G.)	100	OPERATOR IN RESPO	ONSIBLE CHARGE				
AND OVERFLOWS	OCCURENCES	G.)		Theodore S	1911004868 CERTIFICATE NUMBER					
CERTIFY UNDER PE	NALTY OF LAW THAT THIS	DOCUMENT AND ALL ATTAC	HMENTS WERE PREPARED	TYPED OR PRIN						
QUALIFIED PERSON	INDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DISIGNED TO ASSURE THAT  JUDIER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DISIGNED TO ASSURE THAT  JUDIER MY INDURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	453-4211			
RESPONSIBLE FOR G	ATHERING THE INFORMATE FLIEF TRUE, ACCURATE AN	on, the information subm d complete, I am aware ti	HAT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	EMALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MPRISONMENT FOR KNOWING VOLATIONS, SEB 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these latutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME		YEAR	MO.	DAY		
statines may include tin	es up to 310,000 and/or maximum	ii ingrisoniii of others of inter-	Han Little C. W. Collins						Page 6	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

VA0003867
PERMIT NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY 2008 08 01 TO 2008 08 31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	10 to	QUANT	QUANTITY OR LOADING		25 U. WALLEY 45	QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB
and the second		AVERAGE	MAXIMUM	UNITS	SO MINIMUM CO.	AVERAGE	MAXIMUM	UNITS	EX.	Action to the second	ACCOUNTS OF	CODE
FLOW	REPORTD	3,568	4.212	1	****	*****	****		0	CONT	EST	
	REQRMNT	NL .	The NL Day	MGD	SAN SAN CONTRACTOR	SCHOOL STATE		1	200	CONT	EST	
PARAM CODE: 001	REPORTD	****	5.020.73.72.25.64c.34c.9	-	7,20	ARREST CONTRACTOR OF THE PERSON OF THE PERSO	8.40		0	5D/W	GRAB	
in	REQRMNT	glad to a state of the state of the	Managarate **** Statistical	1	6.0	***************************************	9.0	SU	F91811	5D/W	GRAB	
PARAM CODE; 002 COPPER, TOTAL (AS CU)	REPORTD	OLE STATE CONTROL STATE OF THE SECOND	GENERAL SERVICES COMMISSIONS	-	PHILIPPINE WAS PRINTED	6.4	6.4	1101	0	1/M	24HC	
991 (BE) (BE) (BE) (BE)	REQRMNT	enight to the state of the	Spunger Make sadis		Carlor Will Carlor	NL	NL NL	ŲG/L	NAME OF	1/M	24HC	
PARAM CODE: 019 TEMPERATURE, WATER (DEG. C)	CONTRACTOR AND	ANNA.	MERCALL REPORT SWALLERS		****	32.3	37.0		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	****	and the second of	3	problem where he	NL.	45	С	REE	1/DAY	IS .	
SILVER, TOTAL RECOVERABLE	REPORTD	****	RANKR		****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	8.00 s.m. **********************************	description of the same of	1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NL,	NL //S	UG/L	MARK	1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	in the second state of the second	PANA		*****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>GRAB</td><td>1</td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>GRAB</td><td>1</td></ql<>	UG/L	0	1/M	GRAB	1
PARAM CODE: 448	REQRMNT			ğ		NL NL	NL		200	1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Due to weather conditions on the Bay at the end of the month and the early termination of lishing in preparation for Tropical Storm Henna; Chesapeake Bay Retrigeration Water Discharge monitoring (Part 1 B 3) was not conducted in August. We did, however, conduct the monitoring at the soonest opportunity thereafter. Samples were taken on September 3rd. Due to the time span necessary for the 5 day BOD, results are not yet available. These will be submitted separately when received. PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
AND OVERFLOWS	0	0	0	Theodore Schultz	1911004868			
CERTIFY UNDER PE	RTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED		TYPED OR PRINTED NAME	CERTIFICATE NUMBER				
UNDER MY DIRECTION	DERTHY UNDER PERALTY OF LAW THAT THIS DOCUMENT AND ALL AT ACHMIENTS WERE PAIR AND MODER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT UALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON			LILED ON I WILLED HAMIE				

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IMY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY	г
RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF A	(Y
KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICAN	σr 🟲
PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND	- 1
IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these	
statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	- 1

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE	-	YEAR	MO.	DAY	
					Page	

OMEG	OMEGA PROTEIN			DMR	RTING	
+				Co	ockrell C	reek
REEDV	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	3-Sep-08	9:40	26.9	7.63	0.51	17
002	3-Sep-08	9:30	25.5	7.97	0.74	17
995	3-Sep-08	9:45	26.9	7.63	1.26	16
				R		

After Discharge

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

# Chesapeake Bay Water Quality Monitoring Data

# Predischarge

Time of Time of рΗ Salinity BOD DO Temp BOD DO Amm Temp pН Salinity Sample Amm Sample Date °C SU SU (mg/L) (mg/L) (mg/L) ppt °C (mg/L) (mg/L) (mg/L) ppt 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 11:50 3.2 7.75 <0.1 19.6 7.88 17 19.5 8.01 17 11:45 8.40 < 0.1 23 24 25 26 27 28 29 30 31 Salinity BOD DO Amm Temp рΗ Salinity Time of BOD DO Amm Temp Time of Date Sample (mg/L) (mg/L) (mg/L) °C (SU) ppt °C (SU) ppt Sample (mg/L) (mg/L) (mg/L)

Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

After Discharge

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

# Chesapeake Bay Water Quality Monitoring Data

# Predischarge

Time of Time of BOD Salinity DO Temp pН Amm Salinity Sample BOD DO Amm Temp рΗ Sample Date ppt (mg/L) °C SU (mg/L) (mg/L) °C SU ppt (mg/L) (mg/L) (mg/L) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 7.94 17 20.8 7.82 <0.1 8.04 17 10:32 3.0 8.09 < 0.1 20.2 <2 10:25 23 24 25 26 27 28 29 30 31 Salinity Time of BOD DO Amm Temp pH Salinity рН BOD DO Amm Temp Date Time of °C (SU) ppt °C Sample (mg/L) (mg/L) (mg/L) (SU) ppt Sample (mg/L) (mg/L) (mg/L)

Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

CB Refrigeration Water Tangier Island 23Sep08.xls

Facility Name: Omega Address: Reedville, VA	Protein A.			
VPDES Permit No.:  Report Period: From	VA0003867 9,1,02 To 9,7,0	7)?		
Paint Area	COMPL	IANCE / NONC	COMPLIANCE * oriate)	
	_			<u> </u>
	:			*
None	compliance			
Man of Dringinal F	Schultz / 7			
I certify under penal supervision in according to those persons dir my knowledge and submitting false info U.S.C. paragraph 1	Ity of law that this docume rdance with a system destation submitted. Based on ectly responsible for gather belief true, accurate and cormation, including the postonaximum imprisonment of a system of the system o	ent and all attachr igned to assure the my inquiry of the ering the informaticomplete. I am assibility of fine and aph 1319. (Penall f between 6 mont	person or persons on, the information ware that there are imprisonment for k ies under these sta	submitted is to the best of significant penalties for powing violations. See 18
Signature of Princip	oal Officer or Authorized A	Agonti Date		

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 918 108 To 9 114108
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance  *Comments on Noncompliance  Theodore Schultz / Technical Supervisor  Authorized Agent / Title
Name of Principal Exec. Officer of Authorized Agent?
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein

VA0003867

Report Period: From 9 115102 To 9 12-1102

Address: Reedville, VA.

VPDES Permit No.:

Paint Area	(check as appr	ropriate)
-		
*Comments on Noncompliano		
Name of Principal Exec. Office	1/2 / Technica / ber or Authorized Agent / Title	
I certify under penalty of law supervision in accordance wi evaluate the information submor those persons directly resp my knowledge and belief true submitting false information, i U.S.C. paragraph 1001 and 3	that this document and all attact the asystem designed to assure nitted. Based on my inquiry of the consible for gathering the information, accurate and complete. I ame	hments were prepared under my direction or that qualified personnel properly gather and he person or persons who manage the system ation, the information submitted is to the best of aware that there are significant penalties for he imprisonment for knowing violations. See 18 halties under these statutes may include fines up in the and 5 years).
Signature of Principal Officer	r or Authorized Agent / Date	

Facility Name: Omega Address: Reedville, VA	Protein \.				
VPDES Permit No.:	VA0003867				
Report Period: From	912400 TO 913	0108			
¥)					
Paint Area	COM	MPLIANCE / NON (check as appro	ICOMPLIANCE * opriate)		
2					
		Control of the Contro			
-				20	
			·		
*Comments on Nonc	ompliance				
The colore  Name of Principal Ex	Schultz. /	Lechnical ized Agent / Title	Supervi	<u>so</u> /	
I certify under penalt supervision in accordevaluate the information those persons dire my knowledge and bushmitting false infor U.S.C. paragraph 10 to \$10,000 and or m	y of law that this docudance with a system of tion submitted. Based ectly responsible for gapelief true, accurate a mation, including the pool and 33 U.S.C. para aximum imprisonments.	ument and all attach designed to assure don my inquiry of the athering the informand complete. I am possibility of fine and agraph 1319. (Penant of between 6 mor	e person or persons version, the information so aware that there are dimprisonment for knuties under these state of the sand 5 years).	who manage the sys submitted is to the be- significant penalties owing violations. Se	tem st of s for e 18
Signature of Principa	al Officer of Authorize	ed Agent / Date			

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

VA0003867

PERMIT NUMBER

МО

MONITORING PERIOD

DAY

01

001

DISCHARGE

NUMBER

MO

09

YEAR

2008

DAY

30

**DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

**FACILITY** 

LOCATION:

Omega Protein - Reedville

ADDRESS:

PO Box 175

Reedville, VA 22539

610 Menhade

en Rd		YEAR
	FROM	2008

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	. GUNTER 1804	QUAN'	TITY OR LOADING	8 8 M 82	444 600 - 500	QUALITY OR CON	CENTRATION	In walling	NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	2.865	4.254	uon	*****	*****			0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL NL	NL NL	MGD	13.95 (100)	CONTRACTOR OF THE PERSON OF TH	value and the spinish			CONT	EST	1
PH	REPORTD	•••••	*****		7.39	,,,,,	7.78	011	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT				6.0	•••••	9.0	SU	<b>2004</b>	3D/W	GRAB	1
BOD5	REPORTD	121	245	14049	*****		*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	G HOLL				2500	3D/W	24HC	1
TSS	REPORTD	136	266	140/5	*****	211111	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D			nae water		情觀	3D/W	24HC	1
CL2, TOTAL	REPORTD					NR	NR	110"				
PARAM CODE: 005	REQRMNT	gram to the fall of				580	1200	UG/L		1/DAY	GRAB	1
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.47	77.77		*****	0.16	*****		0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	Water Committee of the	KG/D	*****	2.0	••••	MG/L	TO SERVICE SER	1/W	24HC	1
CYANIDE, TOTAL (AS CN)	REPORTD	*****	****			12.0	24.0	1	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	MAGE TO ALLEY				96	110	UG/L		2/M	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	Schultz		1911004868		
	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO			TYPED OR PRI	ITED NAME	CE	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO MATHERING THE INCORMATION	MANAGE THE SYSTEM OR TH		PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B		COMPLETE, I AM AWARE TH	IAT THERE ARE SIGNIFICANT						
	KNOWING VIOLATIONS, SEE is up to \$10,000 and/or maximum			TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 1

**COMMONWEALTH OF VIRGINIA** DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE
NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM YEAR MO DAY TO YEAR MO DAY TO 2008 09 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	ASSESSED FOR	QUANT	ITY OR LOADING	L. Santal	08.50[850] #08.10[7]	QUALITY OR CON	CENTRATION	Mary II friend	NO.	FREQUENCY	SAMPLE	LAB
	Supplementary of the	AVERAGE	MAXIMUM	UNITS	S. MINIMUM 305.	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
AMMONIA, AS N	REPORTD	*****	*****		由市会会会	1.93	2.74		0	2/M	24HC	
PARAM CODE: 039	REQRMNT	echologia de la composición de la comp	and But The Follows			NL	NL	MG/L		2/M	24HC	1
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	••••	43.2		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT				*****	••••	50	C	1200	1/DAY	IS:	l
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>*****</td><td></td><td></td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>*****</td><td></td><td></td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		*****				0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	100 C	and and the same	CONTRACTOR		1000	3D/W	GRAB	İ

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
		OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE		TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THO  ANAGE THE SYSTEM OF THE		PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 months	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				,					Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville ADDRESS PO Box 175

Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867 002

PERMIT NUMBER DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

**FACILITY** LOCATION

610 Menhaden Rd

MONITORING PERIOD МО DAY YEAR MO DAY YEAR 2008 09 30 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

Parameter	<b>法</b> 法国际营业公司	QUAN'	TITY OR LOADING	400	APPLICATION OF THE P	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM 17	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	0.141	0.294	MGD	*****		*****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL	MGD			SHIP THE RES			CONT	MEAS	1
PH	REPORTD	****	*****		7.51	••••	8.02	1 011	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNIT				6.0	****	9.0	SU	W. 600	2D/W	GRAB	1
BOD5	REPORTD	12.2	16.1	40.0	****	*****	****		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	жиния детя 840 жиле объедия	KG/D				1	鐵鐵鐵	2/M	24HC	1
TSS	REPORTO	17.7	25.6	L/O/D	*****		****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410	KG/D		300 Miles (01)	District Control		9000	2/M	24HC	1
COLIFORM, FECAL	REPORTD	****	****		*****	126	*****	11101.11	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT		5 00 00 00 00 00 00 00 00 00 00 00 00 00		Person The State of	NL NL	****	N/CML		1/W	GRAB	1
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.90	*****		*****	1.84			0	1/W	24HC	
PARAM CODE: 012	REQRMNT	интиворија и Педреодинетом		KG/D		NL	the second second	MG/L	Section 1	1/W	24HC	1
AMMONIA, AS N	REPORTD	*****	****		•••••	1,60	1.70		0	2/M	24HC	$\overline{}$
PARAM CODE: 039	REQRMNT		Security Comments		ESCHIEF ***** 103003	38	45	MG/L		2/M	24HC	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	Schultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	ITED NAME	CE	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO N ATHERING THE INFORMATIO	MANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B		COMPLETE. I AM AWARE TH	AT THERE ARE SIGNIFICANT						
	KNOWING VIOLATIONS, SEE as up to \$10,000 and/or maximum			TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 3

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002

NUMBER

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME **ADDRESS**  Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 DISCHARGE PERMIT NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

FACILITY LOCATION

610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	district the	QUANT	TTY OR LOADING	866454	Man what send her	QUALITY OR CON	CENTRATION	FORMS TRUE	NO.		SAMPLE	LAB
	Mark State	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	24.2	28.4		0	2D/W	18	
PARAM CODE: 080	REQRMNT		****		••••	NL	NL		100000	2D/W	IS IS	
ENTEROCOCCI	REPORTD		•••••			742	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****				NL	<b>松风新学的自然</b>	N/CIVIL	1500	1W	GRAB	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td>I CO ID</td><td></td><td>*****</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>I CO ID</td><td></td><td>*****</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>	I CO ID		*****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	110000046	KG/D	*****		NEW YORK		經過	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO			TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	NEL PROPERLY GATHER AND E PERSON OR PERSONS WHO N	MANAGE THE SYSTEM OR THO		PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	I-453 <b>-4</b> 211	
KNOWLEDGE AND B		COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT						
MPRISONMENT FOR	KNOWING VIOLATIONS, SEE es up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
								MX	Page 4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

ADDRESS PO Box 1

PO Box 175 Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

VA0003867
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY 2008 09 01 To

YEAR MO DAY
TO 2008 09 30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	19180 351 453	QUANT	ITY OR LOADING	AUTRAGE	STATE OF BRIDE	QUALITY OR CON	CENTRATION	n Towns wa	NO.		SAMPLE	LAB
	2000	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD			HOD	*****	****	*****					
PARAM CODE: 001	REQRMNT	NL.	NL	MGD		*****	27400 MARKET STREET		50.00	CONT	EST	1
PH	REPORTD	••••				.,,,,		011	1			
PARAM CODE: 002	REQRMNT	***********			6.0		9.0	SU		2/M	GRAB	1
BOD5	REPORTD				****	*****	••••					

### Untitled Page

PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****					2/M	24HC
TSS	REPORTD			KO(D	*****	••••	*****				
PARAM CODE: 004	REQRMNT	110	280	KG/D	CONTRACTOR OF THE PARTY OF THE	REPORT OF THE PARTY OF THE PART	THE RESERVE ASSESSMENT			2/M	24HC
00	REPORTD	*****	*****				*****	1401	T		
PARAM CODE: 007	REQRMNT	*****	*****		NL	, NL		MG/L		1/DAY	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD			KOID	*****		****	MG/L			
PARAM CODE: 012	REQRMNT	3:0	*****	KG/D	(and	2.0	<b>建設基础的</b>	MG/L	學問題	1/W	24HC wall to
AMMONIA, AS N	REPORTD				*****			MG/L	$\top$		
PARAM CODE: 039	REQRMNT	CONTRACTOR			****	37	45	IVIG/L	ELEVA!	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE		45	
OVERFLOWS		·		Theodore S	ichultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS DON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACK	HMENTS WERE PREPARED ESIGNED TO ASSURE THAT	TYPED OR PRIM	ITED NAME	CEF	RTIFICATE NUMBE	R	
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION OR THE	ON SUBMITTED. BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBM COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	HAT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C.	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
and the same of th									Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE
NUMBER

MONITORING PERIOD

MO

09

DAY

30

**FACILITY** 

LOCATION

610 Menhaden Rd

YEAR MO DAY YEAR 2008 09 01 TO 2008

NOTE; READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

### NO DISCHARGE: X

Parameter	14196613	QUANT	ITY OR LOADING	201253	DESCRIPTION OF THE PROPERTY OF	QUALITY OR CON	CENTRATION	to a version	NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****			_				
PARAM CODE: 080	REQRMNT	Part of The State of			****	NL	NL	С	網邊	1/DAY	IS	
	REPORTD	*****	••••		******			UG/L				
PARAM CODE: 442	REQRMNT	,	•			NL	NL	UG/L		1/M	GRAB	
OIL & GREASE ·	REPORTD				*****	****						
PARAM CODE: 500	REQRMNT	430	780	KG/D	A NATIONAL POR	*****	A SECTION OF THE SECTION		<b>3</b>	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESP	ONSIBLE CHARGE			
AND OVERFLOWS				Theodore S	chultz		1911004868		
		DOCUMENT AND ALL ATTAC		TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBE	R	
QUALIFIED PERSONS MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO	DEVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	ION SUBMITTED, BASED ON HOSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AN	D COMPLETE, I AM AWARE TI	HAT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SE	ON, INCLUDING THE POSSIBII E 18 U.S.C. & 1001 AND 33 U.S.O imprisonment of between 6 month	C. & 1319. (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Statutes may include title	es up to \$10,000 and/or maximum	партакланет от остисот о того	T. Carrier Control of the Control of						Page 6

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) **DEPT. OF ENVIRONMENTAL QUALITY** (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

PO Box 175 **ADDRESS** 

Reedville, VA 22539

PERMIT NUMBER

VA0003867

995 DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

MO DAY YEAR MO DAY YEAR 2008 09 30 09 01 2008 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	SAZE SANGE	QUANT	ITY OR LOADING		ATTACHMENT BOY	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	2.837	4.212		*****		****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL NL	MGD	Section Control		••••	1		CONT	EST	
PH	REPORTD	****	***	<b>-</b>	7.54		7.90	SU	0	5D/W	GRAB	
PARAM CODE; 002	REQRMNT	**************************************	****		6.0		9.0	50		5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	****	*****		*****	5.0	5.0	UG/L	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	underestation selve		1		NL	NL	UG/L		1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****			32.9	37.3	С	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	OFFICE STATE	200 (30 C) (20 C)			NL	45		1500	1/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	****	*****		****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	BUPANEZ ZOUGEAJE	BEST OF THE CHICAGO		192 B	renovatives NF transprint com	NL III	UG/L	SN 8	1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>	UG/L	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT					NL	, NL	OG/L	协会家	1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RES	PONSIBLE CHARGE	
OVERFLOWS	0	0	0	Theodore Schultz	1	911004868
UNDER MY DIRECTIC	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIF	ICATE NUMBER
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	804-453-4211
CNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SOBM COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND			

Untitled Page

IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO. DAY
Page 7

### PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

001

DISCHARGE NUMBER

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175 Reedville, VA 22539

**FACILITY** LOCATION:

610 Menhaden Rd

		MC	NITORIN	G PERI	OD			
	YEAR	МО	DAY	1	YEAR	MO	DAY	İ
FROM	2008	10	01	то	2008	10	31	
								•

VA0003867

PERMIT NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	or storming	QUANT	ITY OR LOADING	We may	Established Aller V.	QUALITY OR CON	CENTRATION	eden dien di	NO.	FREQUENCY	Johnson Committee Of the Bartha	LAB CODE
	in the second	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A SEPTEMBER OF
FLOW	REPORTD	3,124	4.254	1,400	****	****	****		0	CONT	EST	
PARAM CODE; 001	REQRMNT	NL	NL:	MGD	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		900 / *****		<b>NEWS</b>	CONT	EST	á
PH	REPORTO	*****	*****		7.18	*****	7.87		0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	••••	**************************************	1 1	6.0	****	9.0	SU	(0.00)	3D/W	GRAB	1623
BOD5	REPORTD	120.4	325.3		****	****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	Sec. 2015				Michigan)	SANGES DAVING SAN	24HC	8
TSS	REPORTD	122.3	230,3	1	****	*****	****		0	3D/W	24HC	T
PARAM CODE: 004	REQRMNT	650	1600	KG/D	*****	****	100 Till 100 Miles		ESC.	3D/W	24HC	9
CL2, TOTAL	REPORTD	*****	*****		****	NR	NR	110#				
PARAM CODE: 005	REQRMNT		000,0015 **** 4 PERS			580	1200	UG/L	200	1/DAY	GRAB	8
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.81	*****		*****	0.22	*****	140#	0	1/W	24HC	T
PARAM CODE: 012	REQRMNT	23		KG/D		2.0		MG/L	10/50	1/W	24HC	i i
CYANIDE, TOTAL (AS CN)	REPORTD	****	*****		****	35.5	57.0	1	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT		No contract of the		COLUMN TO THE REAL PROPERTY.	96	110	UG/L	<b>福</b> 爾	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transfered electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here. PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	MANAGE THE SYSTEM OR THO		PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	4-453-421 I	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT						
	KNOWING VIOLATIONS, SIJE as up to \$10,000 and/or maximum			TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
									Page 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM YEAR MO DAY YEAR MO DAY

2008 10 01 TO 2008 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter -		QUANTI	TY OR LOADING	He willed	Carl Carl Harold	QUALITY OR CON	CENTRATION	- 1179	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	医到性似
AMMONIA, AS N	REPORTD	*****	****		****	3.58	5.84	1407	0	2/M	24HC	1
PARAM CODE; 039	REQRMNT	1980		i	Walle to the same	NL	NL NL	MG/L	dies.	2/M	24HC	
	REPORTD	****	*****		****	****	32,6		0	I/DAY	IS	
PARAM CODE: 080	REQRMNT	Ser Salt Control	*****	1			50	C	學說	STORY DAY MADE	IS	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>*****</td><td>****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>*****</td><td>****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		*****	****	****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	30000		•••••		WANG.	3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transferred electronically, As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Motea with the DMR for VAN020037. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore Se	chultz		1911004868		
UNDER MY DIRECTIC	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	IN, THE INFORMATION SUBMI COMPLETE, I AM AWARE TH IN, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND			t s			
IMPRISONMENT FOR	KNOWING VIOLATIONS, SIZE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
									Page 2

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Omega Protein - Reedville

NAME ADDRESS

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

VA0003867 002
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

FROM

YEAR MO DAY 2008 10 01 TO 2008 10 31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	0 38.0.540	QUANTI	TY OR LOADING	152	HE VIEWE	QUALITY OR CON	CENTRATION	ector of the	NO.	FREQUENCY	The section of an invalidation of the section of th	LAB COD
Harris State of the Control of the	av july i	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	NEW B
FLOW	REPORTD	0.142	0.296		****	****	*****		Õ	CONT	MEAS	
PARAM CODE: 001	REQRMNT	WNL	NL -	MGD	*****		ME 50.000		11 75 77	CONT	MEAS	
PH	REPORTD	****	*****		6.89	*****	8.33		0	2D/W	GRAB	

PARAM CODE: 002	REQRMNT	****	••••		6.0	*****	9.0	SU	意舞	2D/W	GRAB
BOD5	REPORTD	9.52	15.5		*****	****	****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840	KG/D	AROUNT SAME ARE	*****	*****		15.000	2/M	24HC
rss	REPORTD	8.21	9.97	T	*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D	Maria Alexandria	12 (\$ ***** C.S.)			強緩	2/M	24HC
COLIFORM, FECAL	REPORTD	****	*****		*****	685	*****	NUCLAT	0	1/W	GRAB
PARAM CODE: 006	REQRMNT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	A THE STATE OF THE	NL	The second	N/CML		1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.76	*****		****	2.33	****	140#	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	7.015.2****	KG/D		NL	5.12.2	MG/L	1000	1/W	24HC
AMMONIA, AS N	REPORTD	*****	****	T	*****	0.78	1.30	MOII	0	2/M	24HC
PARAM CODE; 039	REQRMNT	****	3 × ****	1	****	- 38	45	MG/L	100 Val	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transfered electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020017. An electronic copy of the Toxicity report cover page is included with the attachments here. PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE		Mary .		
OVERFLOWS	0	٠ 0	0	Theodore S	Schultz	1911004868				
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER				
MY INQUIRY OF THE	ALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON INQUIRY OF THE PIRSON OR PRESONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY SYONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE 804-453-421		-453-4211	211		
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	N, THE INFORMATION SOIM COMPLETE. I AM AWARE TH M, INCLUDING THE POSSIBIL	AT THERI! ARE SIGNIFICANT							
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE s up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 3	

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

YEAR МО DAY YEAR MO DAY 2008 10 31 2008 10 10 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	B	QUANT	ITY OR LOADING	YEAR.		QUALITY OR CON	CENTRATION	Land Land	NO.	FREQUENCY	SAMPLE	LAB CODE
1 Table 1 Table 1	100	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	. 性现象3
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	4424		*****	20.5	23.3	_	0	2D/W	1S	
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PARAM CODE: 500	REQRMNT	14 - July 25 - 4 - 166	46	KG/D	**************************************	19.46/ <b>****</b>	2 ************************************		3838	2/M	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transfered electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020017. An electronic copy of the Toxicity report cover page is included with the attachments here. PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE				
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCC	OCUMENT AND ALL ATTACK	SIGNED TO ASSURE THAT	TYPED OR PRIN	ITED NAME	CERTIFICATE NUMBER				
Y INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	453-4211			
CNOWLEDGE AND BI	LIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND							
MPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
									Page	

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

PO Box 175 ADDRESS

Reedville, VA 22539

VA0003867 003 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY LOCATION

610 Menhaden Rd

FROM

YEAR мо DAY YEAR MO DAY 31 2008 10 2008 10 01

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	None Rainwill	QUANT	TTY OR LOADING	XIII SE		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
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PH	REPORTD	****	*****		****	*****	*****	GUI				
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PARAM CODE: 003	REQRMNT	4300	7700	KG/D	1.00	AND P	*****			-2/M	24HC	100
TSS	REPORTD	****			*****	*****	****		П			
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DO	REPORTD	****	****		****	****	****	2	T			T
PARAM CODE: 007	REQRMNT		FROM STATE OF A FR		NL NL	NL		MG/L	級對	I/DAY	GRAB	G C
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	****		*****	****	*****		$\top$			
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AMMONIA, AS N	REPORTD	****	*****		****	****	****	1,407				
PARAM CODE: 039	REQRMNT		3600 200 4 7 7 6 7 7	1		37	45	MG/L	108	2/M	24HC	8

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PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOÐ5(K.G.)	OPERATOR IN RESP	ONSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED INDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1601 AND 33 U.S.C. & 1319. (Penalties under thes tatutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINT	red name	CERTIFICATE NUMBER					
PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	4-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY		
THE OKTRIVIED WANTE	514				Page		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 003 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

DAY YEAR MO 2008 10 01

YEAR MO DAY 2008 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	Stolling.	OUANT	TY OR LOADING	STATE OF THE	1 12 4 24 24	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	to the process of the process of the same	LAB CODE
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OIL & GREASE	REPORTD	*****		115/10	****	*****	****	l			l	1
PARAM CODE: 500	REQRMNT	430	780	KG/D	VIII DE LE CALLE	da version insul			超級	2/M	GRAB	Ä

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OVERFLOWS	***************************************			Theodore S	chultz	1911004868			
CERTIFY UNDER PER	NOR SUPERVISION IN ACC	DOCUMENT AND ALL ATTAC ORDANCE WITH A SYSTEM DE	HMENTS WERE PREPARED ESIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
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araics may merase mic	ap to stopped and at								Page

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWLEDGE AND SUBJECT OF THE AND IMPRISONMENT FOR KNOWLEDGE VIOLATIONS, SEE 18 U.S.C., & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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ONE	804-453-4211	
YEAR	] мо.	DAY
_	YEAR	YEAR MO.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (MIR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS PO Box 175

Reedville, VA 22539

VA0003867 003

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION 610 Menhaden Rd

FROM

 YEAR
 MO
 DAY

 2008
 10
 01

YEAR MO DAY
2008 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	1000000	QUANT	TY OR LOADING .	V-	Once Language INV	QUALITY OR CON-	CENTRATION	3 1/2 (1/2)	NO.	FREQUENCY	SAMPLE	LAB CODE
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TEMPERATURE, WATER (DEG. C)	REPORTD	*****	****		****	****	*****					
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COPPER, DISSOLVED (UG/L AS CU)	REPORTD	****	*****		****	****	****	UG/L				
PARAM CODE: 442	REQRMNT		****		•••	NL	NL a	OG/E		17M	GRAB	oran
OIL & GREASE	REPORTD	*****		W0/D	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	(10 m)	4811 1413 E6 W	. wo			-2/M-	GRAB	6

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Past experience indicates that the Toxicity testing report for our Outfall 001 is too large to be transfered electronically. As was done during the last quarter, two copies of the report will be submitted with the hardcopy to be mailed to Denise Mosca with the DMR for VAN020017. An electronic copy of the Toxicity report cover page is included with the attachments here.

PARAMETER SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE								
OVERFLOWS				Theodore	1911004868							
		OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE		TYPED OR PRU	NTED NAME	CERTIFICATE NUMBER						
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804-453-4211						
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND			48						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319, (Penalties under these	TYPED OR PRINTED NAME SIGNATURE		2	YEAR	мо.	DAY			
									Page (			

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR	МО	DAY	
2008	10	01	II то

- 1			
- 1	YEAR	МО	DAY
$_{\rm ro}$	2008	10	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANTITY OR LOADING				QUALITY OR CONC	NO.	FREQUENCY	Company of the Compan	LAB COD		
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FLOW	REPORTD	3.093	4.212		****	****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL NL	MGD	45.6.***	****				CONT	EST	1
PH	REPORTD	****	****		7.46	****	8.10	avi	0	5D/W	GRAB	
0 A D A M CODE: 000	REQRMNT	Ashara ***** author	Girls J. Market Lines Co.	i i	6.0		9.0	SU	(1961)	5D/W	GRAB	
PARAM CODE: 002 COPPER, TOTAL (AS CU)	REPORTD	*****	****	$\vdash$	****	5.3	5.3	110/	0	1/M	24HC	
, , ,	REQRMNT	AUTO *****	****		****	NL	NL 11	UG/L	RELEASE	1/M	24HC	100
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OVERFLOWS	0	0	0	Theodore	Schultz		1911004868					
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRI	CERTIFICATE NUMBER							
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211				
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IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	under these TYPED OR PRINTED NAME SIGNATURE YEAR				MO.	DAY			
buttaires may include this	- 12 15 0 15 15 15 MINERAL THE SHARE								Page 7			

# COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

ADDRESS:

PO Box 175

Reedville, VA 22539

VA0003867 002 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY LOCATION: 610 Menhaden Rd

FROM

YEAR MO DAY YEAR MO DAY 2008 08 01 2008 10 31

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	100	QUANTI	TY OR LOADING	0.000	QUALITY OR CONCENTRATION					FREQUENCY	at a mark to the property of the same	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Lar 12 VV
TOXICITY, FINAL, ACUTE	REPORTD	****	*****		****	****	<1.0	TU-A	0	1/3M	24HC	
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GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE								
OVERFLOWS	0	0	0 0 Theodore Schultz					1911004868				
		DOCUMENT AND ALL ATTACK DRIDANCE WITH A SYSTEM DE		TYPED OR PR	INTED NAME	CERTIFICATE NUMBER						
MY INQUIRY OF THE	QUALIFIED PERSONNEL PROPERLY CATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUERY OF THE PERSON OF PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSELLE FOR GATHERING THE INFORMATION, THE INFORMATION, THE DISTON SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFI	TELEPHONE	804	1-453-4211					
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT		ù.		4					
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE	YEAR		мо.	DAY			
									Pag			

OME PROT	GA EIN				REPORTING		
-				Co	ockrell C	reek	
REEDV	LLE, VA						
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)	
001	13-Oct-08	9:40	21.6	8.14	0.48	16	
002	13-Oct-08	9:30	21.4	8.14	0.84	16	
995	13-Oct-08	9:45	21.6	8.12	0.51	16	
		W.					

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

# Chesapeake Bay Water Quality Monitoring Data

## Predischarge

After Discharge

				04,00,141,5	,,,							•		
Date	Time of Sample	BOD	DO	Amm	Temp	pН	Salinity	Time of Sample	BOD	DO	Amm	Temp	pН	Salinity
<b>2</b> 010	34	(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt
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14	10:10	<2	9.44	0.18	20.0	7.66	10	10.15	2.7	0.04	10.1	20.1	0.00	
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30		L							ļ					-
31							Salinity	Timo of	BOD	DO	Amm	Temp	pН	Salinity
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	ppt	Time of Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Lancaster

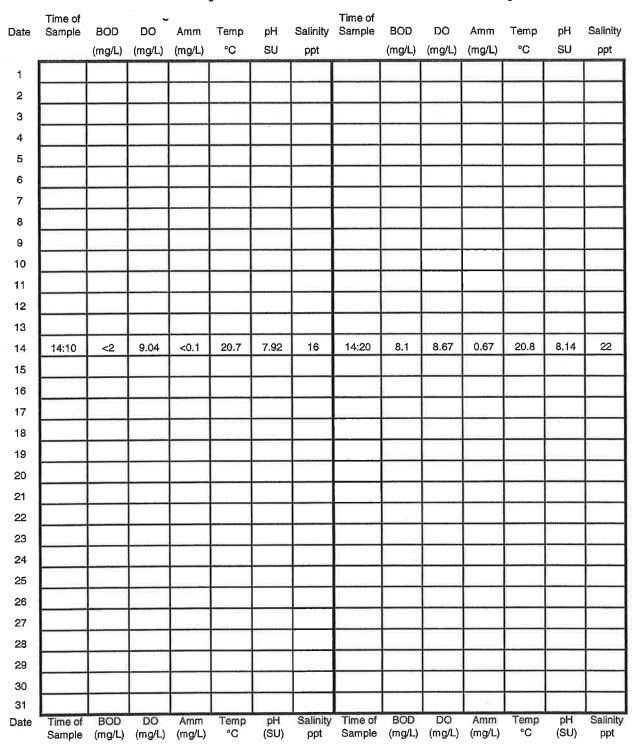
Name of Sample: Ted Schultz

C B Refrig Water Oct2008 Lancaster Sample #1.xls

# Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge



Name of Vessel: Conrad

Name of Sample: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	*
Report Period: From 10/1 /02 To 10/5/08	
Paint Area COMPLIANCE / NO (check as app	ONCOMPLIANCE * propriate)
	<u> </u>
*	
*Comments on Noncompliance  Theodore Schultz / Technical S  Name of Principal Exec. Officer or Authorized Agent / Title	upervisor
Name of Principal Exec. Officer of Authorized Agent?	chments were prepared under my direction of
I certify under penalty of law that this document and all attacts supervision in accordance with a system designed to assure evaluate the information submitted. Based on my inquiry of the or those persons directly responsible for gathering the information of the information of the information of the property of the information of the property of the information of the inf	the person or persons who manage the system nation, the information submitted is to the best on aware that there are significant penalties for and imprisonment for knowing violations. See 18 natities under these statutes may include fines up on this and 5 years).
Signature of Principal Officer or Authorized Agent / Date	

Facility Name: Omeo Address: Reedville,	ga Protein VA.	*1		
VPDES Permit No.:	VA0003867			
Report Period: From	m 1016 108 To 10/12	<u>1/08</u>		e
Paint Area	COM	MPLIANCE / NONC (check as approp	COMPLIANCE * oriate)	
				8 .
				3
()				
			The second secon	
*Comments on Nor			**	
Theodore Name of Principal i	Schult2 /Tec Exec. Officer or Authoriz	ted Agent / Title	rvisor	
I certify under pena supervision in acco evaluate the inform or those persons di my knowledge and submitting false info U.S.C. paragraph 1	alty of law that this document or dance with a system detail on submitted. Based in a system details rectly responsible for gath belief true, accurate an ormation, including the paramaximum imprisonment of Bayana and Sayana and Officer or Authorized	ment and all attachme signed to assure the on my inquiry of the pathering the information decomplete. I am aversellity of fine and ingraph 1319. (Penaltication of between 6 monthesignessin variantetatung variantetatung variantetatung variantetatung var	nents were prepared user qualified personne person or persons who on, the information subware that there are sign prisonment for knowes under these statutes	o manage the system mitted is to the best of pnificant penalties for ing violations. See 18

·
Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 10/13/08 To 10/1907
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867  Report Period: From 10 /30 /08 To 10 /36 / 08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

PO Box 175 ADDRESS:

Reedville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

FACILITY LOCATION:

610 Menhaden Rd

FROM

200B 11 30 2008 11 01

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	1	QUANT	ITY OR LOADING	-11	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
	THOUSANT P	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	STANDER OF STANDER
FLOW	REPORTD	2.342	4.254		****	*****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL-	NL .	MGD	ST 8				W 114	CONT	EST	8
PH	REPORTD	****	*****		7.68	****	8,21	OL)	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT		SE SHEE ****** INVEST	1 1	6.0	<b>也有"""</b> 然意思	9.0	SU	N. T.	3D/W	GRAB	8
BODS	REPORTD	90.9	141.7		*****	*****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	de la company				Sec. Sec.	3D/W	24HC	i i
TSS	REPORTD	92.4	118.6		****	****	****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	47.49 <b>****</b>	<b>全班总数</b> 第二章	00000000000000000000000000000000000000		Dark.	3D/W	24HC	8
CL2, TOTAL	REPORTD	****	****	$\vdash$	****	NR	NR	110 /				
PARAM CODE: 005	REQRMNT	Oning ***** A Spirit	55-580 ***** July 5	1 1	.56540 <b>****</b> **660560	580	1200	UG/L	極想	1/DAY	GRAB	N. C.
PHOSPHORUS, TOTAL (AS P)	REPORTD	3.82	****	1	****	0.28	****	1407	0	1/W	24HC	
	REQRMNT	23.	Second State of the second	KG/D	*****	2.0	565.******	MG/L	1888	1/W	24HC	5
PARAM CODE: 012 CYANIDE, TOTAL (AS CN)	REPORTD	****	****	$\vdash$	****	13.6	27.1		0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	lazgua	1 1	., 46 <b>*** ;</b> , (47)	96	110	UG/L	Maga Maga Maga Maga Maga Maga Maga Maga	2/M	GRAB	96 20

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BODSIK.G.)1 OF ERATOR IN RESIGNATOR									
OVERFLOWS	0	0	0	Theodore	1911004868							
I CERTIFY UNDER PER UNDER MY DIRECTION	NALTY OF LAW THAT THIS E	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER				
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO A	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	TELEPHONE 804-453-42		-453-4211					
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SOUM O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT TO OF FINE AND									
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	МО.	DAY			
									Page I			

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

100 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

	DAY	МО	YEAR
Пr	01	-11	2008

YEAR MO DAY 11 30 2008

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	(sideOHO) a	QUANTITY OR LOADING			Wien Von Tengel III in	QUALITY OR CON	mility tigh	NO.		SAMPLE	LAB CODE	
	0.40552	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	2105
AMMONIA, AS N	REPORTD	*****	****		*****	3.27	3,62	N/02	0	2/M	24HC	
	REORMNT	ESTRAIS *** NO SORATI		1 1	Augustine Augustine	NL NL	NL	MG/L		2/M	24HC	A
PARAM CODE: 039 TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	*****	23.5	_	0	I/DAY	IS	
22001210112, 000000000000000000000000000	REORMNT	ACCRETER ***********	SANTANO **** A TEMPO	1 1	STOCKET STATE	AND SECURITY	50	С	概能	I/DAY	IS	ě.
PARAM CODE: 080 OIL & GREASE	REPORTD	<ql< td=""><td><ol< td=""><td>-</td><td>****</td><td>****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ol<></td></ql<>	<ol< td=""><td>-</td><td>****</td><td>****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ol<>	-	****	****	*****		0	3D/W	GRAB	
	REORMNT	370	680	KG/D	(SANCE *********	(STATE STATE OF THE  5" Spart **** 25 (5)		副定数	3D/W	GRAB	8	
PARAM CODE: 500	ICT CHONIAT		CHOISEON THE TOTAL SE		12 PER SPECIAL PROPERTY.	WELL STATES OF THE PARTY OF THE	は日本を出ている。日本の日本の日本の日本の日本の一		1043/0245	STREET, STREET		-

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE							OTAL BOD5(K.G.) OPERATOR IN RESPONSIBLE CHARGE									
AND OVERFLOWS	0	0	0	Theodore Sci	hultz		1911004868													
I CERTIFY UNDER PER	VALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRINT	TED NAME	CER	TIFICATE NUMBI	CR												
QUALIFIED PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED. BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	R OR AUTHORIZED AGENT	TELEPHONE	NE 804-453-4211													
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	IN, THE INFORMATION SUBMI COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT																	
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY Page 2											

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002

DISCHARGE NUMBER

MO

11

DAY

30

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

**FACILITY** 

LOCATION

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

YEAR 2008

FROM

MONITORING PERIOD МО DAY YEAR 2008 11 01

VA0003867

PERMIT NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	0.0
FLOW	REPORTD	.106	.188		****	****	米水準率本		0	CONT	MEAS	
NARAM CODE: 001	REORMNT	NL NL	NL	MGD	EG -1 ****	NO FA **** SUSPE	1 5 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Stille	CONT	MEAS	45
PARAM CODE: 001 PH	REPORTD	****	****		7.46	*****	8.53		0	2D/W	GRAB	
ľ	THE CALL			1	- W4			SU				-1

PARAM CODE: 002	REQRMNT		R/40/E**** 1795/A		6.0		9.0		系級編	2D/W	GRAB
BOD5	REPORTD	5.24	10.1	wan	****	****	****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840	KG/D	****		18.25 P. S. 10.2 E. 25.26 F.		100 PM	2/M	24HC
rss	REPORTD	4.73	9.16		****	****	****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D	- W. D ****	*****				2/M	24HC
COLIFORM, FECAL	REPORTD	****	*****		*****	342	****	N/CML	0	I/W	GRAB
PARAM CODE: 006	REQRMNT	••••	1104 St. ****** 12. 452		*****	NL		N/CML	RAGRU	1/W :	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTO	0.51	*****	WO/D	****	2,22	*****	MC	0	I/W	24HC
PARAM CODE: 012	REQRMNT	NL NL		KG/D		NL		MG/L		1/W	24HC
AMMONIA, AS N	REPORTD	*****	****		****	0,74	1.47	MOII	0	2/M	24HC
PARAM CODE: 039	REQRMNT	30.120 <b>33.11</b>			<b>间的是的发展的</b>	38	45	MG/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE				
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
UNDER MY DIRECTIC	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	er		
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THO		PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	804-453-4211			
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT							
MPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
								7,55	Page	

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER

МО

11

002 DISCHARGE NUMBER

DAY

MONITORING PERIOD

FACILITY LOCATION

610 Menhaden Rd

YEAR 2008

DAY | YEAR | MO | 2008 | 11

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION	81.00	NO.	FREQUENCY	Control of the Contro	LAB CODE
	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	ELECTRICAL TO
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		****	11.08	14.50		Ō	2D/W	ÌŠ	
PARAM CODE: 080	REQRMNT	cellification and a feet total	*****		A STATE OF THE STATE OF	NL	NL	C		2D/W	IS"	i i
ENTEROCOCCI	REPORTD	****	****		****	2420	****	21/62/47	Ō	1/W	GRAB	
PARAM CODE: 140	REQRMNT	out of section and the section	AND CONTRACTOR OF THE SECOND		NEW STATE WHEE	NL.	W. R	N/CML	1	1/W	GRAB	6
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>****</td><td>****</td><td></td><td>Ū</td><td>2/M</td><td>GRAB</td><td>1</td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>****</td><td>****</td><td></td><td>Ū</td><td>2/M</td><td>GRAB</td><td>1</td></ql<>		****	****	****		Ū	2/M	GRAB	1
PARAM CODE: 500	REQRMNT	25	46	KG/D	string the string of the strin	<b>期</b>	100 C 111 108 125		504	2/M	GRAB	3

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE	,		
AND OVERFLOWS		0	0	Theodore	Schultz		1911004868		
I CERTIFY UNDER PE	REF PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED LECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT							R	
QUALIFIED PERSONN	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFI	CER OR AUTHORIZED AGENT	TELEPHONE 804-453-421			
RESPONSIBLE FOR G	ATHERING THE INFORMATION ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBME COMPLETE. I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1901 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
statules may include lin	es no so storing augret muximum	imprisonment of between a month	2 min a Jemest						Page 4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

FACILTY NAME/LOCATION IF DIFFERENT)

PERMITTEE NAME/ADDRESS (INCLUDE

NAME Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

MONITORING PERIOD

MO DAY YEAR YEAR 01

MO DAY 11 30 2008

003

DISCHARGE NUMBER

**FACILITY** 

ADDRESS

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

2008

FROM

VA0003867

PERMIT NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANT	TTY OR LOADING			QUALITY OR CON	CENTRATION	OPENIES.	NO.	FREQUENCY	SAMPLE	LAB CODI
Parameter	30 30 8	AVERAGE	I MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	# (\$100 p. 100 p
FLOW	REPORTD	****		1	****	****	*****					]
PARAM CODE: 001	REQRMNT	NL NL	NL NL	MGD		STATE THE RESERVE OF	Egale musica		推翻	CONT	EST	
PH PH	REPORTD	****	*****		****	****	****	SU				
PARAM CODE: 002	REQRMNT	Charles ***** all epit	100AG(***********************************		6.0	海位 投 化二面连续	9.0	30	200	2/M	GRAB	é
BODS	REPORTD	****			*****	*****	****					
PARAM CODE: 003	REQRMNT	4300	7700	K.G/D			SHIP DE MINE		10.3%	2/M	24HC	#
TSS	REPORTD	****			****	****	*****					
PARAM CODE: 004	REQRMNT	110	280	K.G/D	**************************************		Carlos Carlo Dougl	5	100	2/M	24HC	5
DO	REPORTD	****	****		****	*****	****	MG/L				J
PARAM CODE: 007	REQRMNT	Sign		1 1	NL puls	NL.	THE RESERVED	MOL		I/DAY	GRAB	<b>(</b> -1)
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	*****	1	*****	*****	****	MG/L				
PARAM CODE: 012	REQRMNT	3.0	85 84 **** A 54	KG/D	306 ***** s 55 **	2.0	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	MOL		1/W	24HC) =	e e
AMMONIA, AS N	REPORTD	****	*****		****	****	****	MG/L				
PARAM CODE: 039	REQRMNT				4 ( <b>*****</b>		15 A 15 A 15 A 15 A 15 A 15 A 15 A 15 A	IVIG/L	10 d	2/M	24HC	2

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPO	ONSIBLE CHARGE
AND OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCU	OCUMENT AND ALL ATTACH DRDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
QUALIFIED PERSONN	THE PROPERLY GATHER AND	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY		

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1010. AND 33 U.S.C. & 1919. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804-453-4211		
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Page S

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR МО DAY YEAR МО DAY 30 2008 10 2008 11 11

FACILITY

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANT	ITY OR LOADING	Marrie	A GUILLAND X	QUALITY OR CON	CENTRATION	ves veret	NO.	FREQUENCY	A R. San Charles St. Mar. Williams 177	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A Sternie
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	****		****	****	****	_				
PARAM CODE: 080	REQRMNT	(Rolling !!!!! Agende	Beer Variet Contact (Sec.			NL	NL	· ·		1/DAY	IS	500
	REPORTD	****	****		****	****	如水水水水	UG/L				
CU) PARAM CODE: 442	REQRMNT		••••		*****	NL.	NL	UG/L		MATERIAL	GRAB	200
	REPORTD	****	Halipot-Butto and in the firest	war	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D		<b>建建工程</b> 。			W. 1	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND OVERFLOWS				Theodore S	Schultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACH	MENTS WERE PREPARED	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONS MY INQUIRY OF THE	R MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT THE PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED OF QUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND				rish and		
IMPRISONMENT FOR	THES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND ONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under the may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME SIGNATURE YEAR					
									Page 6

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867 995
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

DAY

01

MO

11

FACILITY

LOCATION 610 Menhaden Rd

FROM 2008

YEAR MO DAY
2008 11 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING	10 To 10		QUALITY OR CON	CENTRATION	सम्बद्धी क्रांसिक	NO.	FREQUENCY	SAMPLE	LAB CODE
	W. 17	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	自建設的
FLOW	REPORTD	2.319	4.212		****	*****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL.	MGD					100	CONT	EST	Ü
PH	REPORTD	****	****		7.73	****	8.22	au.	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	****		1	6.0		9.0	SU	假對腳	5D/W	GRAB	20
COPPER, TOTAL (AS CU)	REPORTD	****	*****		*****	3.2	3.2	1100	0	1/M	24HC	
•	REQRMNT	The state of the s	F55, 50 4 6 4 5 4 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			NL	NL.	UG/L	IN S	1/M:	24HC	Í
PARAM CODE: 019 TEMPERATURE, WATER (DEG. C)	REPORTO	****	****	1	*****	16.72	22,10		0	I/DAY	IS	
PARAM CODE: 080	REQRMNT	200 20 <b>*****</b>	(ag Strain Med Made Made		3.664 ***** 78.66	NL	45	С	建設	1/DAY	IS.	E C
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		*****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>	UG/L	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	•••••	PROJECT BURGOS		*****	NL	NL	UG/L	NESS.	1/M	24HC	100
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****		*****	<ql< td=""><td><ql< td=""><td>11011</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>11011</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>	11011	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	****				NL	NL	UG/L		1/M	GRAB	2

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

TOTAL

BYPASSES AND

OVERFLOWS

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I CIERTIFY UNDER PIENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THIS PERSON OR PIESSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, SUBLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SIEB 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penallies under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TOTAL FLOW(M.

TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE									
0	Theodore Sch	Theodore Schultz								
HMENTS WERE PREPARED ESIGNED TO ASSURE THAT	TYPED OR PRINT	ED NAME	CERTIFICATE NUMBER							
ON SUBMITTED. BASED ON IOSE PERSONS DIRECTLY UTTED IS TO THE BEST OF MY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211					
HAT THERE ARE SIGNIFICANT LITY OF FINE AND			39			DAY				
C. & 1319. (Penalties under these hs and 5 years.)	TYPED OR PRINTED NAME	SIGNATURE	YEAR MO.							

OMI	EGA Tein			DMR	REPO	RTING
FRO	I EIIV.				ockrell C	
REED	VILLE, VA					
Outfall (20' fron		Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	10-Nov-08	9:47	14.6	8.10	0.46	19
002	10-Nov-08	10:00	15.1	8.17	0.53	19
995	10-Nov-08	9:53	14.9	8.12	0.59	19
		49		*		
					4	

#### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

				culsonar	30							<b>3</b> -		
Date	Time of Sample	BOD	DO	Amm	Temp	рΗ	Salinity	Time of Sample	BOD	DO	Amm	Temp	pН	Salinity
		(mg/L)		(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt
1														
2														
3														
4														
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8	-													
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10														
11														
12														
13														
14														
15														
16														7
17														
18	12:30	<2	10.23	<0.1	12.6	7.78	20	12:45	<2	9.30	<0.1	12.3	8.11	20
19	12.00													
20														
21														
22								-						
23														
24														
25														
26														
27														
28		<b> </b>	1											
29	<b></b>	<b></b>	<b>†</b>											
30	<u> </u>		<b></b>				T.							
31	-	<b>-</b>		<b> </b>			107		******					
Date	Time of		DO	Amm	Temp	рН	Salinity	Time of	BOD	DO	Amm	Temp	pH (SU)	Salinity
	Sample		(mg/L)	(mg/L)	°C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Lancaster

Name of Sampler: Ted Schultz

Chesapeake Bay Water Quality Monitoring Data

Name of Vessel: Lancaster

Name of Sampler: Ted Schultz

#### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge After Discharge Time of Time of Salinity Salinity Sample BOD DO Amm Temp pН BOD DO Amm Temp рΗ Date Sample °C SU (mg/L) ppt (mg/L) (mg/L) °C SU (mg/L) (mg/L) (mg/L) ppt 1 2 3 5 6 7 8 9 10 11 12 13 14 15 16 17 8.16 20 9.80 <0.1 11.7 9.98 <0.1 12.0 8.18 19 16:14 <2 <2 16:00 18 19 20 21 22

Name of Vessel: John Dempster

BOD

Time of

Sample

DO

(mg/L) (mg/L) (mg/L)

Amm

Temp

°C

Date

Name of Sampler: Ted Schultz

Salinity

ppt

Time of

BOD

Sample (mg/L) (mg/L) (mg/L)

DO

Amm

Temp

°C

pH

(SU)

Salinity

ppt

pH

(SU)

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 11/1/08 To 11/9/08
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 11/10/08 To 11/16/08
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance  *Comments on Noncompliance  Theodore Schultz/Technica/ Supervisor  Theodore Schultz/Technica/ Supervisor  Title
Name of Principal EXEC. Unicel of Authorized Fig.
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Complete: The property of the person of person or persons who manage the system of the person of person or persons who manage the system of the person of person or persons who manage the system of the person of the person of person or persons who manage the system of the person of the pers

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 11/17/08 To 11/23/02
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Technical Separatoristics  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 11/34/08 To 11/34 04
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz/Technical Supervisor.  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up
Signature of Principal Officer or Authorized Agent / Date

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

ADDRESS:

**FACILITY** 

LOCATION:

PO Box 175

610 Menhaden Rd

Reedville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MO DAY YEAR MO DAY YEAR 2008 12 31 2008 12 01

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

Glen Allen, VA 23060

4949-A Cox Road

		OUANT	TTY OR LOADING	Discount	salar and the solution	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	Charles and the October Self-	LAB CODI
Parameter		AVERAGE	I MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	N MARKE 12
LOW	REPORTD	3.405	4.254		*****	****	*****		0	CONT	EST	
	REQRMNT	NLOVER SE	NL NL	MGD	Spanishes Million		***********		1947	CONT	EST	2
PH CODE: 001	REPORTD	****	*****	-	7.30	*****	7.94	an	0	3D/W	GRAB	
	REQRMNT	22-130-1411-1-22-22-22-23-21	DEMONSTRATE STREET, ST	1 1	6.0		9.0	su	\$600 \$600 \$600 \$600 \$600 \$600 \$600 \$600	3D/W	GRAB	
PARAM CODE: 002	NHT48BIND	002.0	612.0	-	****	****	****	<b></b>	0	3D/W	24HC	
BOD5	REPORTD	253.8	2000	KG/D	Storage at the American With	W. C	THE STREET, ST	3	8504000	3D/W	24HC	10
PARAM CODE: 003	REQRMNT	1700	3100	_	****	****	****		O O	3D/W	24HC	2
rss	REPORTD	172.7	271.2	KG/D			umacus •••••	4	9-400	3D/W	24HC	100
PARAM CODE: 004	REQRMNT	650	1600	110/2	SERVICE AND ADDRESS.	erings to the second	<b>新发生加州。公安</b> 有国际的		2000			28
CL2, TOTAL	REPORTD	****	*****		*****	NR	NR	UG/L			Lanconando	
PARAM CODE: 005	REQRMNT	N. S.	Daniel *****		a water strongs	580	1200	8	100	I/DAY	GRAB	8
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.3	*****		*****	0.15	*****	MG/L	0	1/W	24HC	
	REQRMNT	23	Negative Property	KG/D		2.0	<b>新作品的</b> 国民发	(NO/L)		1/W	24HC	<u>\$</u>
PARAM CODE: 012 CYANIDE, TOTAL (AS CN)	REPORTD	****	****		*****	20.0	20.0	UG/L	0	2/M	GRAB	_
PARAM CODE: 018	REQRMNT		*****	1	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	96	110	30/L		2/M	GRAB	慧

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Cutfall 001 are attached (Note: file has been compressed using Arcobat 7) PARAMETER-SPECIFIC COMMENTS:

FROM

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE						
AND OVERFLOWS	0	0	0	Theodore So	chultz		1911004868					
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACK	HMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBI	CR				
QUALIFIED PERSONN	IEL PROPERLY GATHER AND	ORDANCE WITH A SYSTEM DE EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	8044534211					
RESPONSIBLE FOR G	ATHERING THE INFORMATION AT THE STREET AND ACCURATE AND	ON, THE INFORMATION SUBM COMPLETE. I AM AWARE TH	HAT THERE ARE SIGNIFICANT									
MODISONMENT FOR	KNOWING VIOLATIONS, SEE	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penallies under litese	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY			
statutes may include fine	s up to \$10,000 and/or maximum	imprisonment of between 6 month	hs and 5 years.)	THE ON TAKE TO LOUIS					P			

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

**FACILITY** LOCATION

610 Menhaden Rd

FROM

YEAR MO DAY YEAR MO DAY 2008 12 01 2008 12 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	31.00.21	QUANT	TTY OR LOADING	1271 8	SECTION S	QUALITY OR CON	CENTRATION	Worldon,	NO.	FREQUENCY	Contract of the second section of participations	LAB CODE
	100	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	The state of
AMMONIA, AS N	REPORTD	*****	*****		*****	6.72	6.72	2400	0	2/M	24HC	
PARAM CODE; 039	REQRMNT	Secondary and a	ALCOHOLD ACADA		400,000 <b>****</b> ******************************	NL NL	NL NL	MG/L	遊戲	2/M	24HC	ž.
	REPORTD	****	****		*****	****	20.1	0	0	I/DAY	IS	
PARAM CODE: 080	REQRMNT		paratrice		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>自己国际地位</b> 西多两	50	Ç	透透	1/DAY	ı IS	ă
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>*****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>*****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		****	*****	****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	****				其無行	3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcohal 7) PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	DNSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore So	chultz		1911004868		
I CERTIFY UNDER PER	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	R	
QUALIFIED PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO P	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	8044534211		
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	OCOMPLETE. I AM AWARE TH DN, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002

DISCHARGE NUMBER

DAY

31

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville ADDRESS

Reedville, VA 22539

PO Box 175

MONITORING PERIOD YEAR MO DAY YEAR МО 01 2008 12 2008 12

VA0003867

PERMIT NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

Piedmont Regional Office

4949-A Cox Road Glen Allen, VA 23060

**FACILITY** LOCATION

610 Menhaden Rd

BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	HELDERS THE PROPERTY OF STREET	LAB COD
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	IS TYPE	ENNERSE S
REPORTD	0.066	0.108		****	****	****		0	CONT	MEAS	
REQRMNT	NL NL	NL	MGD	12451 ***** Eurigo	Sapulation of the same of the	100 P. **** 15 WY		ting!	CONT	MEAS	-6
REPORTD	****	*****		7.72	*****	8.31	a.,	0	2D/W	GRAB	
	REQRMNT	AVERAGE REPORTD 0.066 REQRMNT NL	AVERAGE         MAXIMUM           REPORTD         0.066         0.108           REQRMNT         NL         NL	AVERAGE         MAXIMUM         UNITS           REPORTD         0.066         0.108         MGD           REQRMNT         NL         NL         NL	AVERAGE   MAXIMUM   UNITS   MINIMUM	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX.	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX. OF ANALYSIS	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX. OF ANALYSIS   TYPE

FROM

https://edmr.deq.virginia.gov/edmr/Pages/ReportManage/BlankReport\_PUW.aspx?RRId=66033&type=MONTHLY\_REVIEW&rid=3653

PARAM CODE: 002	REQRMNT	Paragraph	GINGOLGO BORNANTA PARAMENTA		6.0	100000	9.0		200	2D/W	GRAB
BOD5	REPORTD	6.70	6.70		****	*****	*****		0	2/M	24HC
ARAM CODE; 003	REQRMNT	470	840	KG/D	10 San ***** 745-95.1	2.5 <b>****</b>	Mark 1000		100	2/M	24HC
SS CODE. 003	REPORTD	12,5	12,5		****	****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D		16 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E			NO.	2/M	24HC
COLIFORM, FECAL	REPORTD	****	*****		****	50	*****	N/CMIL	0	1/W	GRAB
PARAM CODE: 006	REQRMNT					NL 350 E	100 (100 <b>*****</b>	NOWL	遊遊	1/14	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	1,29	*****	VC/D	*****	3.16	****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	图2000 <sup>11</sup> 10000000	KG/D		NL	STATE OF THE STATE	MOL	翻题	1/W	24HC
AMMONIA, AS N	REPORTD	*****	****		*****	11.1	11.1	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	14.00 A ****** (10.11.11.11.11.11.11.11.11.11.11.11.11.1	<b>在</b> 的第二人	1	(2000年) · · · · · · · · · · · · · · · · · · ·	38	45	1,10/2	整理	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7) PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
I CERTIFY UNDER PER	NALTY OF LAW THAT THIS E	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	ITED NAME	CER	TIFICATE NUMBI	R	
QUALIFIED PERSONN	IL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	8044534211		
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	COMPLETE I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1001 AND 33 U.S.C Imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
atules may include line	s up to a ro, oro andror maximum	пиринуликан эл эстиски э топи	S drive of National				***		Page :

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

Omega Protein - Reedville

ADDRESS PO Box 175

Reedville, VA 22539

VA0003867 002
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM 2008 12 01 TO 2008 12 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANTI		la litta litta	QUALITY OR CON	CENTRATION		10 C 20 C	FREQUENCY		LAB CODE	
End to the state of the state of	- ×	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Total San
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	8.52	10.2		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	ici sroetti ilisaas	Tanana Marana		Fall AR * STATE (SH	NL	NL.	С	侵的指	2D/W	IS	
ENTEROCOCCI	REPORTD	****	****		****	248	****	NICHI	0	I/W	GRAB	
PARAM CODE: 140	REQRMNT	(E. 1638, ****** (2)(9)(1)			HAME THE WAY	NL		N/CML	級對	1/W	GRAB	1
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>*****</td><td>****</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>*****</td><td>****</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		*****	****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46	KG/D	4 3 5 <b>****</b>	Pagata Market			956	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7) PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
	NALTY OF LAW THAT THIS D			TYPED OR PR	INTED NAME	CER	TIFICATE NUMBE	R	
MY INOUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO M	MANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	CER OR AUTHORIZED AGENT	TELEPHONE	804	14534211	
KNOWLEDGE AND B	ATHERING THE INFORMATIC ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIC	COMPLETE. I AM AWARE TH	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SELECTION TO SELECTION OF THE SELECTI	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
promotes may include into									Page 4

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

**FACILITY** 

LOCATION

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

МО YEAR

2008

FROM

MONITORING PERIOD YEAR MO DAY 2008 12 31

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

12

DAY

01

VA0003867

PERMIT NUMBER

Parameter	4 2 3 3 3 3	QUAN	TITY OR LOADING	4-HB	5 - 5 - 53 m W	QUALITY OR COM	CENTRATION	ar GS PPOZAZ	NO.	FREQUENCY	SAMPLE	LAB CODI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	是智慧的是
FLOW	REPORTD	****		an	****	*****	****					
PARAM CODE: 001	REQRMNT	NL	NL NL	MGD	TANK THE REAL PROPERTY.		<b>建设公共省建</b>		源語	CONT	EST	8
PH	REPORTD	*****	*****		****	*****	****	07.1				
PARAM CODÉ: 002	REQRMNT	a fathar a susaani	**************************************		6.0	MEAN SAME	9.0	SU	高級	2/M	GRAB	
BOD5	REPORTD	****			****	*****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D					起始组	2/M	24HC	8
TSS	REPORTD	****			****	非非常非常	****					
PARAM CODE: 004	REQRMNT	110.	280	KG/D	13 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 2 1	Color Maria		NEST	2/M	24HC	3
DO	REPORTD	****	*****		****	****	****					
PARAM CODE; 007	REQRMNT			1	NL NL	NL	1 445 2*** 0 10 Os	MG/L	E26%	I/DAY	GRAB	8
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	****		*****	****	****					
PARAM CODE; 012	REQRMNT	3.0	THE RESERVE	KG/D		2.0		MG/L	温烈	1/W	24HC	Š.
AMMONIA, AS N	REPORTD	****	*****		****	****	****	1400				1
PARAM CODE: 039	REQRMNT	*****			7. ************************************	37	45	MG/L	經過	2/M	24HC	di di

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The nitached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7) PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESP	ONSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
		EVALUATE THE INFORMATION			

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 1014. AND 33 U.S.C. & 1319. (Fenalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
					Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

nie, VA 22339

FACILITY LOCATION

610 Menhaden Rd

FROM 2008

MO DAY
12 01

VA0003867

PERMIT NUMBER

YEAR MO DAY 2008 12 31

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

Parameter	4.40	QUANT	ITY OR LOADING	karri di	INVESTIGATION	QUALITY OR CON	CENTRATION	Share Long	NO.	FREQUENCY	SAMPLE LAB COD
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	****	*****	~			
PARAM CODE: 080	REQRMNT				710 d ••••• magaza	NL	NL NL	C		1/DAY	IS
COPPER, DISSOLVED (UG/L AS	REPORTD	****	****		*****	非常年本本	*****				
CU)	REQRMNT				••••	NL	NL.	UG/L		1/M	GRAB
PARAM CODE: 442 OIL & GREASE	REPORTD	*****	ACHERICAL OF MICHIGAN AND PARK	22	****	****	****				
PARAM CODE: 500	REQRMNT	430	780	KG/D	STREET, STREET				照線	2/M	GRAB

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7)

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	DNSIBLE CHARGE			
AND OVERFLOWS				Theodore S	Schultz		1911004868		
		OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE		TYPED OR PRIM	ITED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONN MY INOUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ELIEF TRUEL ACCURATE AND	ON, THE INFORMATION SUBM O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville PO Box 175

Reedville, VA 22539

VA0003867 995 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** 

610 Menhaden Rd LOCATION

MO YEAR DAY YEAR DAY 2008 12 31 2008 12 01 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	61 ESSTATE	QUANT	ITY OR LOADING	u 075483	evere (Carrie) (Gib	QUALITY OR CON	CENTRATION	05 M S W W	NO.	FREQUENCY	Market and the control of the	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	3.408	4.124		****	****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL.	NL.	MGD		1.7.				CONT	EST	A.
PH	REPORTD	*****	****		8.18	****	8,22		0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	••••	EVALUE ****************	1 1	6.0	SANSON NEW PROPERTY	9.0	SU	Will Street	50/4 5D/W	GRAB	and the second
COPPER, TOTAL (AS CU)	REPORTD	****	****		*****	4.9	4.9	LIO/I	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	New All Market		1		NL	NL	UG/L	100	1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		****	19.7	20.5	С	0	I/DAY	IS	
PARAM CODE: 080	REQRMNT		****	1	*****	NL 1	45	C		I/DAY	IS	3
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>Ū</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>Ū</td><td>1/M</td><td>24HC</td><td></td></ql<>	UG/L	Ū	1/M	24HC	
PARAM CODE: 186	REQRMNT	Lancing *****	minus Hills and the	1		ra and salas MD providence	an essentin Lorent Africa	UU/L	ENSO	1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	*****		*****	<ql< td=""><td><ql< td=""><td>110/1</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>110/1</td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>	110/1	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT		Mary Barton			NL NL	NL	UG/L		1/M	GRAB	S

GENERAL PERMIT REQUIREMENTS OR COMMENTS: Omega Protein shut down for the year at 17:00 on Dec 19, 2008. The attached BMP reports cover the three (3) operating weeks. Third Quarter Toxicity test results for Outfall 001 are attached (Note: file has been compressed using Arcobat 7) PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
		OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE		TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO A	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND BI	LIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
						·			Page 7

#### DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

COMMONWEALTH OF VIRGINIA

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME:

Omega Protein - Reedville

ADDRESS:

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Recdville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR YEAR MO DAY

**FACILITY** 

610 Menhaden Rd

LOCATION:

FROM	2008	11	01	то	20

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	GS/00GaW	QUANTI	TY OR LOADING	orthew temp		QUALITY OR CON	CENTRATION	0.000	NO.	FREQUENCY	The facility of the Property of the Land	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	523
TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		****	****	<1,0	TU-A	0	1/3M	24HC	
PARAM CODE: 379	REQRMNT						11111 14 14 14 14 14 14 14 14 14 14 14 1	10-7	個別	1/3M,	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
		OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE		TYPED OR PR	INTED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONN MY INQUIRY OF THE	HEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-452-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	OCOMPLETE. I AM AWARE TH DN, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITTY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
y margae mi							V-LILL OF BUILDING		Page 1

OMEC PROT	EIN.			DMR	REPO	RTING
				Co	ockrell C	reek
REEDVI	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	3-Dec-08	10:40	9.1	8.18	1.26	19
002	3-Dec-08	9:30	8.4	8.22	0.31	19
995	3-Dec-08	9:46	8.8	8.66	5.82	19

#### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge After Discharge

				00,00,101;	90					71110	Ji Dioona	,go		
	Time of				_		• • •	Time of				_		
Date	Sample	BOD	DO	Amm	Temp	pН		Sample	BOD	DO	Amm	Temp	pН	Salinity
		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt	-	(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt
1					2									
2														
3														
4	16:05	<2	14.05	<0.1	7.6	7.83	20	16:15	8.1	12.02	<0.1	7.9	8.00	19
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30 31														
Date	Time of	BOD	DO	Amm	Temp	pН	Salinity	Time of	BOD	DO	Amm	Temp	pН	Salinity
2310	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Tideland

Name of Sampler: Ted Schultz

CB Refrig Water Tideland Sample 2 Dec 2008.xls

#### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4	14:15	<2	14.15	<0.1	7.8	7.63	20	14:30	4.2	11.71	<0.1	8.2	7.67	20
5														
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30									<u> </u>					
31							- Salvings				<u> </u>		<u></u>	0-11-11
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Reedville

Name of Sampler: Ted Schultz

CB Refrig Water Reedville Sample 1 Dec 2008.xls

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 12/1/08 To 12/7/08
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **CG-OI-OS**  Signature of Principal Officer or Authorized Agent / Date
Signature of Principal Officer of Additional States

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 12/1908 To 12/21/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

PO Box 175 ADDRESS:

Reedville, VA 22539

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD DAY DAY YEAR MO МО

31

10

2009

610 Menhaden Rd

**FACILITY** LOCATION:

FROM

2009

NO DISCHARGE: X

01

01

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.

BYPASSES	TOTAL	TOTAL FLOW(M.	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE	SIBLE CHARGE					
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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT) NAME

Omega Protein - Reedville

PO Box 175 ADDRESS

Reedville, VA 22539

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** LOCATION

610 Menhaden Rd

MO DAY MO DAY YEAR YEAR 2009 01 31 01 01 2009 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09. PARAMETER-SPECIFIC COMMENTS:

TOTAL FLOW(M. TOTAL BOD5(K.G.) TOTAL BYPASSES G.) **OCCURENCES** AND OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include lines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

	OPERATOR IN RESPO	NSIBLE CHARGE			
Theodore Sci	nultz		1911004868		
TYPED OR PRINT	ED NAME	CER	TIFICATE NUMBI	ER	
PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	804	4-453-4211	
	OLGHATIDE.		YEAR	мо.	DAY
TYPED OR PRINTED NAME	SIGNATURE				Page

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Omega Protein - Reedville

NAME PO Box 175 ADDRESS

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

FROM

YEAR

2009

MO

01

YEAR DAY 2009

MO DAY 01 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT, OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

Glen Allen, VA 23060

4949-A Cox Road

#### NO DISCHARGE: X

01

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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.

	TOTAL	TOTAL FLOW(M.	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
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#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

FACILITY

LOCATION

Omega Protein - Recdville PO Box 175 Reedville, VA 22539

610 Menhaden Rd

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD МО DAY YEAR DAY МО YEAR 2009 10 31 2009 01 01

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NO DISCHARGE: X

		OTIANT	TTY OR LOADING			QUALITY OR CON				FREQUENCY OF ANALYSIS	SAMPLE TYPE	Promise
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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09. PARAMETER-SPECIFIC COMMENTS:

FROM

	a.gov/edmr/Pages/ReportMa		TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
BYPASSES AND	OCCURENCES	G.)	TOTAL BODS(IDO)	Theodore Sc	hultz		1911004868		
OVERFLOWS		DOCUMENT AND ALL ATTAC	HMENTS WERE PREPARED	TYPED OR PRINT	TED NAME	CER	TIFICATE NUMBE	R	
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### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

003

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE; X

VA0003867

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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09. PARAMETER-SPECIFIC COMMENTS:

TOTAL TOTAL FLOW(M. TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
BYPASSES OCCURENCES G.)	Theodore Schultz	1911004868  CERTIFICATE NUMBER			
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RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE BY U.S.C. & 1019, (Fenalties under these intuited may include tines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211	
PRINCIPAL EXECUTIVE OFFICER	OKAOMO				
	SIGNATURE		YEAR	MO.	DAY
TYPED OR PRINTED NAME	SIGNATURE				Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 003

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO

FACILITY

LOCATION

610 Menhaden Rd

FROM

2009

MO DAY
01 01 T

YEAR MO DAY
2009 01 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

				NO DISCI		QUALITY OR CON	CENTRATION	gry-186gan	NO.	FREQUENCY	and the state of t	LAB COD
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GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Attachment C - Facility closed 1/1/09 - 1/4/09.

	TOTAL	TOTAL FLOW(M.	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
AND OVERFLOWS OCCURENCES G.)		G.)		Theodore Sc	hultz	1911004868			
		TYPED OR PRINT	red name	CER	TIFICATE NUMBE	R			
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UALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THEM OR THOSE PERSONS DIRECTLY Y INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY SEPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY ESPONSIBLE FOR GATHERING THE REFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY NOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NOWLEDGE AND BELIEF TRUE.			SIGNATURE		YEAR	Мо.	DA		
ENOWLEBGE AND BELLEF TRUE, ACCURATE AND CONTROL THE POSSIBILITY OF FINE AND ENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these that the state of the state o			TYPED OR PRINTED NAME		12:11		Pag		

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS PO Box

PO Box 175 Reedville, VA 22539 VA0003867 995

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION

610 Menhaden Rd

FROM YEAR MO DAY TO 2009 01 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE; X

		001100	TITY OR LOADING	Man William	ME STORY	QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB COD
Parameter	A Sales L			UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALISIS	****	III DANGER
	E 0.000	AVERAGE	MAXIMUM	UNIIS	MILITARE	*****	***					
LOW	REPORTD	*****		MGD	7.0000		F-10125-19***** (5-15-15-15-15-15-15-15-15-15-15-15-15-15	-1	Saltonia	CONT	EST	N.
	REQRMNT	NL	NL	MOD		Spring The Control	\$13455V2 U 19 DUST		2555		The second second second	GI .
ARAM CODE: 001	NAMES OF THE OWNER, SAME	A CHARLESON TO THE CARREST	****		***	*****	*****					
H	REPORTD	****		_		*****	9.0	SU	£0.00	5D/W	GRAB	04
	REQRMNT	*****	MUDIAN VASA VANCOURIS	31	6.0	Fig. 1 Edgy 1 12 days	THE PROPERTY OF THE PARTY.		SENTERS	ASSESSMENT OF THE PERSONS		
ARAM CODE: 002	513 4 4 A S 1 A S 1 A S 1 A S 1 A S 1 A S 1 A S 1 A S 1 A S 1	****	****	1	*****	*****	****	UG/L				-
OPPER, TOTAL (AS CU)	REPORTD			-		NL	NL	1 OG/L	3	1/M	24HC	
TAKEODE AIA	REQRMNT	*****	1,0463 ***** C. 161	29	and the second second	THE RESERVE OF THE PARTY OF THE	****	-	-			
ARAM CODE: 019	REPORTD	****	****		****	*****	******	l c	_			-
EMPERATURE, WATER (DEG. C)				-	. C. a S.C. ( ****** W. 192   192	NL	45		100	1/DAY	IS	107
UNIVERSE AND	REQRMNT	*****		嶽	The state of the s	****	****		_			
ARAM CODE: 080	REPORTD	*****	<b>冰水布冰水</b>		*****	*****		UG/L	-	100	24HC	esi
SILVER, TOTAL RECOVERABLE		The second second second		DAG	111922 **** 5:5G	NL	NL			1/M	24110	Si .
ARAM CODE: 186	REQRMNT			8091	****	*****	****	1		1		
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****		****	17/7/17		UG/L	Canno	1/M	GRAB	No.
INC, DISSOLVED (AS ZN) (CG/C)	SOUSSELD-ROLLINGS	2-11-12-14-44-7-110-20T	*****	83	****	NL	NL		alien,	The state of the s	W. W. S. C.	Dis.
PARAM CODE: 448	REQRMNT		E FIRM FREE PARTY	92	100 m 100 m 100 m 100 m	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T						

GENERAL PERMIT REQUIREMENTS OR COMMENTS: RE: BMP Atlachment C - Facility closed 1/1/09 - 1/4/09. PARAMETER-SPECIFIC COMMENTS:

	TOTAL	TOTAL FLOW(M.	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE								
AND OCCURENCES G.)		Theodore Sc	hultz	1911004868									
VERFLOWS		DOCUMENT AND ALL ATTAC	HMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CERT	TFICATE NUMBE	R					
IDER MY DIRECTION JALIFIED PERSONS	ON OR SUPERVISION IN ACCURE PROPERLY GATHER AND	DEVALUATE THE INFORMATI	ON SUBMITTED, BASED ON	PRINCIPAL EXECUTIVE OFFICE		TELEPHONE	804	453-4211					
SPONSIBLE FOR G	ATHERING THE INFORMATI	D COMPLETE LAM AWARE T	HAT THERE ARE SIGNIFICANT			r		MO.	DA				
NALTIES FOR SUB	MITTING FALSE INFORMATI		C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	WO.	Pag				

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867  Report Period: From 115107 To 1111107  Paint Area COMPLIANCE / NONCOMPLIANCE* (check as appropriate)
*Comments on Noncompliance
Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information penalties for my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 submitting false information and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Property School Schoo

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.:         VA0003867           Report Period:         From
Paint Area (check as appropriate)
Name of Principal Exec. Officer or Authorized Agent / Title  Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction on supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or the person or persons who manage the system evaluate the information submitted is to the best or the person or persons who manage the system evaluate the information or persons who manage the system evaluate that qualified personnel properly gather and submitted is to the best or the person or persons who manage the system evaluate that qualified personnel properly gather and submitted is to the best or the person or persons who manage the system evaluate that qualified personnel properly gather and submitted is to the best or the person or persons who manage the system evaluate that qualified personnel properl

Facility Name: Omega Address: Reedville, VA	Protein 4.
VPDES Permit No.:	VA0003867
Report Period: From	11/7/09 TO 1125/09
, a	
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
-	
) <del></del>	
	248.
976	Name of the same o
*Comments on Nor	ncompliance
711	Exec. Officer or Authorized Agent / Title
Name of Principal	Exec. Officer or Authorized Agent / Title
	this document and all authorities and properly namel and
supervision in acc	Donat on my inquiry of the person of person of person of the best of
evaluate the inion	it is far gathering the information, the information continues for
my knowledge an	directly responsible to gathering the directly responsible to gatherin
submitting raise if	d belief true, accurate and complete and imprisonment for knowing violations of the possibility of fine and imprisonment for knowing violations of the imprisonment of between 6 months and 5 years).
to \$10,000 and of	2 /2 /69
Robertisa	Wayne Authorized Agent / Date
Signature of Prin	cipal Officer or Authorized Agent / Date

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME: ADDRESS: Omega Protein - Recdville

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

PERMIT NUMBER MONITORING PERIOD

VA0003867

МО DAY

01

MO DAY YEAR 02 28 2009

001

DISCHARGE NUMBER

FACILITY LOCATION: 610 Menhaden Rd

02

YEAR

2009

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	350 50 60	QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	1000 350
FLOW	REPORTD	****			****	****	****	7. 2.				
PARAM CODE: 001	REQRMNT	NL	NL	MGD						CONT	EST	3
PH	REPORTD	*****	****		****	非由非市市	****	011				
PARAM CODE: 002	REQRMNT	men the early			6.0	*****	9.0	SU	25,04	3D/W	GRAB	a de la companya della companya della companya de la companya della
BODS	REPORTD	****			*****	****	****					
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	and the second	( 26 <b></b> (40 %)			1886	3D/W	24HC	(i)
TSS	REPORTD	****			****	****	****					
PARAM CODE: 004	REQRMNT	650	1600	KG/D	135 2****	CALL TO SERVER	4/3		168.0	3D/W	24HC	15
CL2, TOTAL	REPORTD	****	****		****	****	****	11011				
PARAM CODE: 005	REQRMNT	****	*****		35556******	580	1200	UG/L	4.700	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	*****		*****	****	****	140/5				
PARAM CODE: 012	REQRMNT	23	****	KG/D	TEXT *****	2.0	Secretary States	MG/L	8,00	1/W	24HC	\$
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		****	非非本本	****	NO.				
PARAM CODE: 018	REQRMNT	4 × 30 00 00 00 00			aaga <b>****</b> /kaan	96	3 110 × × /	UG/L	6967	2/M	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore S	chultz		1911004868		
		OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE		TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION WANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY LAT THERE ARE SIGNIFICANT LITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
						·			Page 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

ADDRESS

Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867 001 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

610 Menhaden Rd LOCATION

MO DAY YEAR МО DAY YEAR 2009 02 01 2009 02 28 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTI	TY OR LOADING	745	DOMEST WITH THE	QUALITY OR CON	CENTRATION	10.277	NO.	FREQUENCY	The second second	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	THE STATE OF
AMMONIA, AS N	REPORTD	申录证书法	****		****	****	****	MOR				
PARAM CODE: 039	REQRMNT		3.04. *****			NL	NL 4	MG/L	(Sp/1):	2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		****	****	*****					
PARAM CODE: 080	REQRMNT	*****			****	*****	50		3 (2)	I/DAY	ls	
OIL & GREASE	REPORTD	****			水雕咖啡	*****	****					
PARAM CODE: 500	REQRMNT	370	680	KG/D		5500	100		\$ U.	3D/W	GRAB	Á

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore S		1911004868			
		OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE		TYPED OR PRIN	NTED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY JAT THERE ARE SIGNIFICANT LITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE		C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002

MO

02

DAY

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville

PO Box 175 **ADDRESS** 

Reedville, VA 22539

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR 2009 02 01 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road Glen Allen, VA 23060

FACILITY

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

VA0003867

Parameter		QUANT	TY OR LOADING		(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	QUALITY OR CON	CENTRATION	LIR	NO.	FREQUENCY	SAMPLE	LAB CODE
	212 02 011	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Viter
FLOW	REPORTD	****			****	****	中华水中水					
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD	5942. Mars 1	Not to the last of	(S. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		3834	CONT	MEAS	100
PH	REPORTD	妆妆水平市	****		****	*****	****					

PARAM CODE: 002	REQRMNT	••••	••••		6.0		9.0	SU		2D/W	GRAB
BOD5	REPORTD	*****			****	****	维非本字状				
PARAM CODE: 003	REQRMNT	470	840	KG/D	1000 M. W.	1.00 PMT 10 15	100000000000000000000000000000000000000		14.8	2/M	24HC
TSS	REPORTD	*****			*****	中本 本本	****				
PARAM CODE: 004	REQRMNT	160	410	KG/D	*****	Medal Libraria	Section 18 and 18 and		100	2/M	24HC
COLIFORM, FECAL	REPORTD	神本水中市	****		水水水油水	****	****	N/CML			
PARAM CODE: 006	REQRMNT		900 pr <b>****</b>			NL	****	N/CML	1883	1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		*****	****	****	MG/L			
PARAM CODE: 012	REQRMNT	NL	*****	KG/D	*****	NL	*****	MG/L	2005	1/W	24HC
AMMONIA, AS N	REPORTD	****	水市水水本		****	办本市本本	****	мол			
PARAM CODE: 039	REQRMNT					38	. 45	MG/L	3.84	2/M	24HC 10

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE									
OVERFLOWS		*		Theodore Se	chultz		1911004868						
I CERTIFY UNDER PER	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CERTIFICATE NUMBER							
QUALIFIED PERSONN MY INQUIRY OF THE	ER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT LIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON NOUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY		ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	-453-4211						
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TI	ITTIED IS TO THE BEST OF MY  AT THERE ARE SIGNIFICANT  ATTY OF TIME AND										
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEI	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY				
and the same of th									Page 3				

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

DAY

28

MO

02

FACILITY

LOCATION

610 Menhaden Rd

YEAR MO DAY YEAR 2009 2009 02 01 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			4. 2.	QUALITY OR CON-	CENTRATION		NO.	FREQUENCY		LAB CODE
	len 12"	AVERAGE	MAXIMUM -	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A Company
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		*****	*****	****	0				
PARAM CODE: 080	REQRMNT	15			Sing ***** Open	NL + many	NL	C	738	2D/W	- IS	
ENTEROCOCCI	REPORTD	*****	****		****	****	****	N/CML				
PARAM CODE: 140	REQRMNT	*****			****	NL		N/CML	200	I/W	GRAB	ğ
OIL & GREASE	REPORTD	****			*****	****	******					
PARAM CODE: 500	REQRMNT	25	46	KG/D		escontinue.	818 <b>****</b> ******		5000	2/M	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE	BLE CHARGE					
OVERFLOWS				Theodore	Schultz		1,911004868					
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PR	INTED NAME	CEF	RTIFICATE NUMBE	R				
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	CER OR AUTHORIZED AGENT	TELEPHONE	804-	453-4211				
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITTY OF FINE AND									
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY			
	- Market Market		- Indiana - Indi						Page 4			

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

PO Box 175 ADDRESS

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

		VA00	003867	_111L	0	03	
		PERMIT	NUMBER		DISCHARO	E NUMB	ER
			MONIT	ORING	PERIOD		
1	YEAR	МО	DAY		YEAR	МО	DA'
	2009	02	01	TO	2009	02	28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	CLSV'-A	QUAN	TITY OR LOADING			QUALITY OR CON-	CENTRATION	10.000-0	NO.			LAB CODI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	LEAST NOW
FLOW	REPORTD	*****			*****	*****	****					
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD		****	****			CONT	EST	A .
PH	REPORTD	*****	非海岭水水		*****	*****	非水水市水	071				
PARAM CODE: 002	REQRMNT		*****	1 1	6,0	*****	9.0	SU	(2) S	2/M	GRAB	
BODS	REPORTD	****			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D		61,800 <b>3111</b> 1010.00	******		1600	2/M	24HC	\$
TSS	REPORTD	****			****	****	***					
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	Salar Marie Linda	****		100	2/M	24HC	4
DO	REPORTD	****	****		****	****	****					
PARAM CODE: 007	REQRMNT		****	1 1	NL	NL	1.00	MG/L	818	I/DAY.	GRAB	5
PHOSPHORUS, TOTAL (AS P)	REPORTD	******	****		****	****	****					
PARAM CODE: 012	REQRMNT	3.0	1 Sec. 2017 *****	KG/D	*****	2.0	4.19 (*****	MG/L	48	I/W	24HC	A CONTRACTOR
AMMONIA, AS N	REPORTD	****	****		****	****	****					
PARAM CODE: 039	REQRMNT	*****	*****	1 1	*****	37	45	MG/L		2/M	24HC	ā.

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

TOTAL FLOW(M. TOTAL TOTAL BOD5(K.G.) OPERATOR IN RESPONSIBLE CHARGE BYPASSES **OCCURENCES** AND OVERFLOWS Theodore Schultz 1911004868 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED TYPED OR PRINTED NAME CERTIFICATE NUMBER UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 101.0 AND 33 U.S.C. & 101.0 (Penalties under these statutes timey include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
			Weileon		Page 5

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office

4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 003

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

R MO DAY YEAR MO DA

FACILITY

LOCATION

610 Menhaden Rd

FROM 2009 02

TO 2009 02 28

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

01

Parameter	THE RESIDEN	OUANT	ITY OR LOADING		0.50002-0.0000	QUALITY OR CON-	CENTRATION	117275	NO.	FREQUENCY	SAMPLE	LAB CODE
r at ameres		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A CHESTAN
TEMPERATURE, WATER (DEG. C)	REPORTD	****	冰水雨水水		*****	*****	****	C				1
PARAM CODE: 080	REQRMNT	*****	*****		400 00000	NL	NL .	Ü	4333	1/DAY	lS.	
COPPER, DISSOLVED (UG/L AS	REPORTD	*****	*****		****	****	****	nor.				
CU) PARAM CODE: 442	REQRMNT	****			*****	NL	NL	UG/L	G.B	I/M	GRAB	
OIL & GREASE	REPORTD	nje nje nje nje			****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D		700 A	*****		1300	2/M	GRAB	9

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE				
AND OVERFLOWS				Theodore	Schultz	1911004868				
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACI	IMENTS WERE PREPARED	TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER				
QUALIFIED PERSONN MY INQUIRY OF THE	ER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT LIFTED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY.			PRINCIPAL EXECUTIVE OFFIC	TELEPHONE	80	4-453-4211			
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE ANI	ON, THE INFORMATION SUBM O COMPLETE: I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT			*				
IMPRISONMENT FOR	KNOWING VIOLATIONS, SET	E 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	2, & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
Andrew Many Medical Allic									Page 6	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

ISCHARGE NUMBER
ISCHARGE NOMBER
PERIOD
;

FACILITY LOCATION

610 Menhaden Rd

	L		11101111	Omn	1 5100		
	YEAR	МО	DAY	1 1	YEAR	МО	DAY
FROM	2009	02	01	то	2009	02	28
110111							

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

### NO DISCHARGE: X

Parameter		OUANTI	TY OR LOADING	1100		QUALITY OR CONC	CENTRATION	3.5	NO.	FREQUENCY	To be determined to the second	LAB CODI
rarameter	Market 1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	I FOR DOM
FLOW	REPORTD	****			****	****	****					_
	REQRMNT	NL NL	NL	MGD	Hara Maria Al-				2900	CONT	EST	8
PARAM CODE: 001	REPORTD	****	****		****	****	*****	SU				
	REQRMNT	NG 100 40000 100 200	4444 S		6.0	Section 21 to the second	9.0	50	12.90	5D/W	GRAB	Ř.
PARAM CODE: 002 COPPER, TOTAL (AS CU)	REPORTD	****	****		****	****	****	UG/L				
•	REQRMNT		garing a ***** bash to		Misking the state of the state	NL	NL	UG/L	17.19	L/M 🚐	24HC	
PARAM CODE: 019 TEMPERATURE, WATER (DEG. C)	REPORTD	****	亦水油冰水		****	*****	****					
M 9 5	REQRMNT	67kg	4000		- J - **** y	NL NL	45	C	1/41/5	I/DAY	S. IS	At .
PARAM CODE: 080 SILVER, TOTAL RECOVERABLE	REPORTD	*****	****		*****	****	*****	UG/L				
,	REQRMNT	****	*****	1 1	*****	NL	NL .	UU/L	1000	1/M	24HC	8
PARAM CODE: 186 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	*****		*****	****	***	UG/L				_
PARAM CODE: 448	REQRMNT	16 (c. c.) *****	*****		1900 19 19 19 19 19 19 19 19 19 19 19 19 19	NL	NL_	UU/L	100	I/M	GRAB	200

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	AND OCCURENCES G.)		TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE				
AND OVERFLOWS				Theodore S	chultz	1911004868				
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACE	IMENTS WERE PREPARED	TYPED OR PRIN	ITED NAME	CERTIFICATE NUMBER				
QUALIFIED PERSONN MY INQUIRY OF THE	NOTER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT  JALIFEED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON  YOURLY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY  SPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY  YOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM WARE THAT THERE ARE SIGNIFICANT  BNALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND  PRESONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penaltics under these  ruges may fine de fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804	-453-4211			
KNOWLEDGE AND BE										
IMPRISONMENT FOR				TYPED OR PRINTED NAME		YEAR	MO.	DAY Page 7		

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 3/1/09 To 3/8/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor.  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best or my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>2,19,09</u> To <u>2,15,09</u>
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Rebert V LaBruzze  Signature of Principal Officer or Authorized Agent / Date
Signature of Principal Officer of Authorized Agents

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 2/16/09 To 3/24/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Robert Violation of Principal Officer or Authorized Agent / Date  **Signature of Principal Officer or Authorized Agent / Date

to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	Facility Name: Omega Protein Address: Reedville, VA.
*Comments on Noncompliance  *Comments on Noncompliance  *Comments on Noncompliance  *The edgre Schult = Technice   Superviser  Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	VI BLOT SIMILATOR
*Comments on Noncompliance  *Comments on Noncompliance  *Comments on Noncompliance  *The edgre Schultz Technice   Superviser  Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	Report Period: From 2/2909 To 2/2907
Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
Name of Principal Exec. Officer or Authorized Agent / Title  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	
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Signature of 1 morphs	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

### PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME:

Omega Protein - Recdville

ADDRESS:

PO Box 175

Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

FROM

001

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

VA0003867

Parameter		QUANT	ITY OR LOADING	MILION E	THE PART OF	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	****			****	****	****	, , , , , , ,				
PARAM CODE: 001	REQRMNT	NL NL	L NL	MGD	*****	(1000 <b>*****</b> (1000)			150	CONT	EST	S.
РН	REPORTD	****	****		****	****	****					1
PARAM CODE: 002	REQRMNT	U.S. U. M. S. Lake Selection	*****		6.0	A	9.0	SU	263	3D/W	GRAB	
BOD5	REPORTD	李章亭本章			***	*****	****					
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	3415# ************************************	A STATE OF THE STA	Alexander and the second		ALCOHOL:	3D/W	24HC	Š.
TSS	REPORTD	****			****	****	非本本市市					
PARAM CODE: 004	REQRMNT	650	1600	KG/D	1000	*****	****		16,885	3D/W	24HC	8
CL2, TOTAL	REPORTD	****	*****		非水水水	*****	****					
PARAM CODE: 005	REQRMNT	*****	****		17 18 18 18 18 18 18 18 18 18 18 18 18 18	580	1200	UG/L	1000	1/DAY	GRAB	4
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		****	****	****					
PARAM CODE: 012	REQRMNT	23	0.00 m.**** 200 0	KG/D	*****	2.0	*****	MG/L	3.	1/W	24HC	3
CYANIDE, TOTAL (AS CN)	REPORTD	非非本市市	水車車水油		****	****	****					
PARAM CODE: 018	REQRMNT	pare """	*****		Name of State  96	110	UG/L	44,35	2/M	GRAB	- T	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore S	Schultz	3.8	1911004868		
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	144534211	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY LAT THERE ARE SIGNIFICANT LITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	& 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					<del></del>				Page 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR MO DAY YEAR MO DAY 2009 03 01 2009 03 31 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB CODE
	- X-1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	- 91/5
AMMONIA, AS N	REPORTD	****	****		****	****	*****	1407				
PARAM CODE: 039	REQRMNT	1010101 <b>1111</b> 111111111	Co. 100 *****		14 S	NL	NL NL	MG/L	1888		24HC	8
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		*****	****	*****	-				
PARAM CODE: 080	REQRMNT	•••••	**************************************		*****	70 - 100 A	50	C	signis.	1/DAY	IS	8
OIL & GREASE	REPORTD	****			维泰米米米	****	****					
PARAM CODE: 500	REQRMNT	370	680	KG/D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.00 · • • • • • • • • • • • • • • • • • •	*****		5033	3D/W	GRAB	Ĉ.

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)						
OVERFLOWS				Theodore So	hultz		1911004868		
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACI ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	CR	
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION MANAGE THE SYSTEM OR TIKE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
CNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND		TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
MPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
	7								Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

Omega Protein - Reedville

**ADDRESS** 

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

VA0003867 002 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR

2009

MO DAY YEAR MO DAY 03 01 2009 03 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

### NO DISCHARGE: X

ALC: YOU SEE	QUANTITY OR LOADING :			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB COD
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Electrical
REPORTD	***			****	****	****					
REQRMNT	NL	NL a	MGD					3136	CONT	MEAS	
REPORTD	****	****		****	****	水水水水水					
	REQRMNT	AVERAGE REPORTD ***** REQRMNT NL	AVERAGE MAXIMUM REPORTD ***** REQRMNT NL NL	AVERAGE MAXIMUM UNITS REPORTD ***** MGD REQRMNT NL NL MGD	AVERAGE MAXIMUM UNITS MINIMUM REPORTD ***** MGD REQRMNT NL NL MGD	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE REPORTD ***** MGD ***** ***** REQRMINT NL NL MGD *****	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM REPORTD ***** ***** ***** ******  REQRMNT NL NL NL ***** ***** ******	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS REPORTD **** ***** ***** REQRMINT NL NL NL MGD ***** ***** *****	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX.  REPORTD ***** ***** ***** ******  REQRMINT NL NL NL MGD ***** ***** ***** ***** ******	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS REPORTD ***** MGD MGD ***** ***** ***** ***** CONT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS TYPE REPORTD ***** ***** ***** ***** REQRMINT NL NL NL MGD ***** ***** ***** CONT MEAS

PARAM CODE: 002	REQRMNT		a service as		6.0		9.0	SU		2D/W	GRAB
BOD5	REPORTD	*****			****	****	****				
PARAM CODE: 003	REQRMNT	470	840	KG/D	NOTE OF A SERVICE OF	CONT. N. *****	A FIRST CONTRACTOR			2/M	24HC
rss	REPORTD	*****			*****	*****	*****				
PARAM CODE: 004	REQRMNT	160	410	KG/D	5				7036	2/M	24HC
COLIFORM, FECAL	REPORTD	****	*****		*****	*****	*****	N/CML			
PARAM CODE: 006	REQRMNT	*****	*****		*****	NL	*****	TVCIME	88	I/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		****	市市市市市	*****	MG/L			
PARAM CODE: 012	REQRMNT	NL	800 Y	KG/D	**************************************	NL:	As a promise the property	MO/L	1000	1/W	24HC
AMMONIA, AS N	REPORTD	****	****		****	****	****	MG/L			
PARAM CODE: 039	REQRMNT	*****			Wester (A	38	45 (2)	MO/L	33.07	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)						
OVERFLOWS				Theodore S	chultz		1911004868		
CERTIFY UNDER PER	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACE DRDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIM	ITED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE ANI	ON, THE INFORMATION SUBMI O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	E 18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	C. & 1319 (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
manufes may include inte	aprile acception makes insection								Page 3

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

Omega Protein - Reedville

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

**FACILITY** 

ADDRESS

LOCATION

610 Menhaden Rd

FROM

YEAR MO DAY 2009 03

YEAR МО DAY 2009 03 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	10.10	QUANTI			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	100
TEMPERATURE, WATER (DEG. C)	REPORTD	非非体体	****		****	****	****					
PARAM CODE: 080	REQRMNT	*****	Z-1.1.***** (2.47)			PARTY NL	NL	C	#1.5s	2D/W	IS .	
ENTEROCOCCI	REPORTD	****	市冰水水水		****		****	N/CML				
PARAM CODE: 140	REQRMNT	*****	*****		****	NL NL	*****	N/CML	7.55	1/W	GRAB	U)
OIL & GREASE	REPORTD	****			****	****	****					
PARAM CODE: 500	REQRMNT	25	46	KG/D	*****	and the second second	*****			2/M	GRAB	如

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	PONSIBLE CHARGE					
AND OVERFLOWS			***	Theodore S	chultz		1911004868				
CERTIFY UNDER PE	NALTY OF LAW THAT THIS F	DOCUMENT AND ALL ATTACK	MENTS WERE PREPARED	TYPED OR PRI	YTED NAME	CERTIFICATE NUMBER					
QUALIFIED PERSONS	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	8044534211					
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	ON, INCLUDING THE POSSIBILE 18 U.S.C. & 1001 AND 33 U.S.C. Imprisonment of between 6 month	C. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		
statutes may include the	es up to services ante-or maximum	The second secon		····					Page 4		

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELININATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

FACILITY

LOCATION

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

### NO DISCHARGE: X

FROM

VA0003867

PERMIT NUMBER

Parameter	F 5001	QUANTI	TY OR LOADING	- V		QUALITY OR CONC	ENTRATION	8 I O I	NO.	FREQUENCY		LAB CODE
	la mari	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	arramma.
FLOW	REPORTD	****			****	****	*****					
PARAM CODE: 001	REQRMNT	NL	NL NL	MGD	day ****	And - 1101 names	*****			CONT	EST	9020
PH	REPORTD	****	26446		*****	****	****	SU				
PARAM CODE: 002	REQRMNT	*****	0.511		6.0	*****	9.0	50	148	2/M	GRAB	V.
BOD5	REPORTD	****			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	e to the	••••	1		0.175	2/M	24HC	£
TSS	REPORTD	****			*****	****	****					
PARAM CODE: 004	REQRMNT	, 110	280	KG/D	100000000000000000000000000000000000000	1	**************************************		1,645	2/M	24HC	6
DO	REPORTD	****	*****		****	****	****					
PARAM CODE: 007	REQRMNT		W	1	NL	NL	****	MG/L		I/DAY	GRAB	SE SE
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		*****	非非非非非	*****	1400				1
PARAM CODE: 012	REQRMNT	3.0	****	KG/D	5 6 7 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.0	2 Janes	MG/L	1000	1/W	24HC	
AMMONIA, AS N	REPORTD	*****	*****		****	****	****	1407				
PARAM CODE: 039	REQRMNT		****		*****	37	45, 45	MG/L	Miles	2/M	24HC	g.

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS				Theodore Schultz	1911004868				
CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY		TYPED OR PRINTED NAME	CERTIFICATE NUMBER						

RESPONSIBLE FOR OATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE IS U.S.C. & 101.01 AND 33 U.S.C. & 101.01 (Penalties under these statues have include times up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
				Two T	DIV
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Page 5

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175 Reedville, VA 22539 VA0003867 003

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

AR MO DAY YEAR MO DAY

03

31

FACILITY

LOCATION

610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

### NO DISCHARGE: X

Parameter		OUANTI	TY OR LOADING	ΨШ,		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODI
1 di ametei		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		****	****	****	_				
PARAM CODE: 080	REQRMNT	4 November 2014			*****	NL NL	NL NL	·	1000	I/DAY	ls :	i.
COPPER, DISSOLVED (UG/L AS	REPORTD	***	本水像水水		****	****	<b>水油水水</b>	UG/L				
CU) PARAM CODE: 442	REQRMNT	****	•••••			NL	NL	UG/L		I/M	GRAB	7000
OIL & GREASE	REPORTD	非非非非非	DEC. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		****	****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	E-00017777	Service Service			1980	2/M	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	1 OCCURRINGES 1 (v.) 1			OPERATOR IN RESPONSIBLE CHARGE								
AND OVERFLOWS				Theodore Sc	hultz	1911004868						
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACK	IMENTS WERE PREPARED	TYPED OR PRINT	TED NAME	CER	TIFICATE NUMBI	ER				
QUALIFIED PERSONN MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE				8044534211				
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TI	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF HIME AND									
IMPRISONMENT FOR	NALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND PRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penulties under these takes may include fines up to \$19,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY			
statutes may include fine	a up to \$19,000 and/or maximum	imprisonment of between 6 mont	is and a Jestal)						Page 6			

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELININATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 995 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** LOCATION

610 Menhaden Rd

YEAR МО DAY YEAR MO DAY 2009 03 31 2009 03 OΙ FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTI	TY OR LOADING		Service of the service of	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	****			*****	*****	****					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	**** <b>*</b>		E. 2003	CONT	EST	
PH	REPORTD	*****	*****		*****	****	****	SU				
PARAM CODE: 002	REQRMNT	****	SELECT *** \$ 90 pxxx		6.0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	9.0	50	67.76	5D/W	GRAB	
	REPORTD	****	*****		****	<b>本本作水水</b>	****	UG/L				
PARAM CODE: 019	REQRMNT	*****	*****	1	3. A. *****	, NL	NL .	UG/L	1867	1/M	24HC	2
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	神神赤神神	****					
PARAM CODE: 080	REQRMNT	••••	4 Fa ****** (1 A		14.5 ******	NL	45	C .	\$350	l/DAY		8
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		***	****	****	UG/L				
PARAM CODE: 186	REQRMNT		7.000 - ***** (2) 7 S	1	****	NL	NL	UG/L	378	1/M	24HC	
	REPORTD	****	*****		****	<b>米华市水</b> 市	****	uca				
PARAM CODE: 448	REQRMNT	8621 <b>****</b> ****	B (		915 oku <b>11011</b>	NL NL	NL	UG/L		I/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	SPONSIBLE CHARGE					
OVERFLOWS OF THE PROPERTY OF T		Theodore S	1911004868								
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACI DRDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER			
QUALIFIED PERSONN MY INQUIRY OF THE	NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT UALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON Y INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211			
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE ANI	ON, THE INFORMATION SUBMI O COMPLETE: I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY		
manus mag magaza tunc									Page 7		

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867  Report Period: From C3/C1/C7 To C3/C2/C7
Paint Area  COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer of Authorized Agent / Date

Facility Name: Omega Address: Reedville, VA	Protein t.			190)	
VPDES Permit No.:	VA0003867				
Report Period: From	<u> 13/09/09</u> To <u>03/</u>	<u>51</u> 09			
Paint Area	<u>co</u>	MPLIANCE / NON (check as appro	VCOMPLIANCE * opriate)		
			P <u>PROCEE</u>		
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*Comments on Nonco	ompliance				
Name of Principal Ex		ized Agent / Title			
I certify under penalty supervision in accord evaluate the information or those persons directly my knowledge and be submitting false inform U.S.C. paragraph 100 to \$10,000 and or material supervision of Principal Signature of Principal supervision in accordance in the supervision of the supervisi	lance with a system ion submitted. Based ctly responsible for galelief true, accurate a mation, including the aximum imprisonmental Buress	designed to assure don my inquiry of the athering the information and complete. I am possibility of fine and agraph 1319. (Penant of between 6 months)	e person or persons tion, the information aware that there ar d imprisonment for k Ities under these sta	s who manage the a submitted is to the re significant pen anowing violations	e system ne best of alties for s. See 18

Facility Name: Address: Reed	Omega Protein ville, VA.					§
	No.: VA0003867 From 03/16/09 To	<u>03   KK1 E0</u>		·		
Paint Area		COMPLIANC (checl	E / <u>NONCOM</u> k as appropriate	PLIANCE * e)		
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		: <del>************************************</del>				
		-				
		A		<del></del>		949
-		<del></del>				
*Comments o	n Noncompliance	×				
Theod Name of Prince	cipal Exec. Officer or A	uthorized Agent	1/ Title	CPOSVI.	SOR	
supervision in evaluate the ir or those person my knowledge submitting fall U.S.C. paragr to \$10,000 and the submitting fall to \$10,000 and the submitting fall to \$10,000 and the submitting fall to \$10,000 and the submitted fall to \$10,000 and the submitted fall to \$10,000 and the submitted fall to \$10,000 and the submitted fall to \$10,000 and the submitted fall to \$10,000 and \$10,000 an	penalty of law that this accordance with a system of property responsible and belief true, accurate information, including the accordance of maximum imprisors of the system.  Principal Officer of Authors	stem designed to Based on my income for gathering the rate and complete g the possibility comment of between the stemment of between the Based on the stemment of between the Based on the stemment of between the stemment of the stemment of between the stemment of between the stemment of the stemment of between the stemment of between the stemment of the stemment of between the stemment of the stemment of the stemment of between the stemment of	puiry of the perse information, the te. I am aware of fine and imprise. (Penalties unen 6 months ar	on or person ne information that there a isonment for nder these st	s who manag n submitted is re significant knowing violat	e the system to the best of penalties for tions. See 18

Facility Name: Omega Protei Address: Reedville, VA.	n
VPDES Permit No.: VA00	003867
Report Period: From 3/2	<u>709</u> To <u>03/311</u> 09
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
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· · · · · · · · · · · · · · · · · · ·	
*Comments on Noncomplia	
Theodore So Name of Principal Exec. Of	Holtz / Techwice / Supervisor
I certify under penalty of lassupervision in accordance evaluate the information sure or those persons directly remy knowledge and belief to submitting false information U.S.C. paragraph 1001 and to \$10,000 and or maximu	w that this document and all attachments were prepared under my direction or with a system designed to assure that qualified personnel properly gather and britted. Based on my inquiry of the person or persons who manage the system sponsible for gathering the information, the information submitted is to the best of the person of gathering the information, the information submitted is to the best of the person of the person of persons who manage the system sponsible for gathering the information, the information submitted is to the best of the person of the person of persons who manage the system sponsible for gathering the information, the information submitted is to the best of the person of persons who manage the system sponsible for gathering the information, the information submitted is to the best of the persons who manage the system sponsible for gathering the information, the information submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the best of the persons who manage the system submitted is to the persons who manage the system submitted is to the persons who manage the system submitted is to the persons who manage the system submitted is to the persons who manage the system submitted is to the persons who manage the system submitted is to the p

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

001

DISCHARGE NUMBER

МО

04

DAY

30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

МО DAY YEAR YEAR 2009 2009 04 01 FROM

MONITORING PERIOD

VA0003867

PERMIT NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

### NO DISCHARGE: X

Parameter		QUANT	TTY OR LOADING		We see the	QUALITY OR CON-	CENTRATION	117	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	1989
FLOW	REPORTD	****		) tan	****	****	****					
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD		42/2 ***** / / / / / / / / / / / / / / /	•••••		(4846)	CONT	EST	
PHI	REPORTD	****	****		****	****	****	er.				
PARAM CODE: 002	REQRMNT		****		6.0	100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to	9.0	SU	e Serba	3D/W	GRAB	T.
BOD5	REPORTD	****			专水市市市	****	****					
PARAM CODE: 003	REQRMNT	1700	3100	KG/D		\$245 <b>1111</b> 111111			20154	3D/W	24HC	
TSS	REPORTD	****			非宗宗宗	*****	****					
PARAM CODE: 004	REQRMNT	650	1600	KG/D	*****	A. #	150 M 100 M 100 M		1800	3D/W	24HC	8
CL2, TOTAL	REPORTD	****	****		****	****	*****	T TO IT				
PARAM CODE: 005	REQRMNT	••••	*****		*****	580	1200	UG/L	vinit.	1/DAY	GRAB	8
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	*****		****	*****	*****	340/7				
PARAM CODE: 012	REQRMNT	23	**************************************	KG/D	*****	2.0	(A ***** 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MG/L	31100	1/W,	24HC	ā
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		***	****	*****	1100				
PARAM CODE: 018	REQRMNT	*****	1860 ST 1811 SELECT			96	110	UG/L	MIL!	2/M	GRAB	ď.

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE					
OVERFLOWS				Theodore S	chultz		1911004868				
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACK DRIDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	ITED NAME	CERTIFICATE NUMBER					
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO  ON, THE INFORMATION SUBMI	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211			
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR MO.		DAY		
							7:		Page		

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

 $https://edmr.deq.virginia.gov/edmr/Pages/ReportManage/BlankReport\_PUW.aspx?RRId=66114\&type=MONTHLY\_REVIEW\&rid=43028.$ 

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

04

YEAR

2009

FROM

МО DAY

01

YEAR МО DAY 2009 04 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FACILITY LOCATION

610 Menhaden Rd

### NO DISCHARGE: X

Parameter		OUANTI	TY OR LOADING	4 .8		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	HERT
AMMONIA, AS N	REPORTD	<b>海水水水</b>	****		****	****	****	MG/L				
PARAM CODE: 039	REQRMNT	*****			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NL	NL NL	MO/L	2867	2/M	24HC	N. C.
	REPORTD	****	****		****	****	****	C		,		
PARAM CODE: 080	REQRMNT	ax soleti	*****		*****	Taylor # 1 3 2 3 2 5	50	Č	100	I/DAY	IS .	
OIL & GREASE	REPORTD	****			****	****	****					
PARAM CODE: 500	REQRMNT	370	680	KG/D	201944 <b>11.3</b> 66. 7 / 8	*****				3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore S	chultz		1911004868		
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	R	
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION OF THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804-453-4211			
KNOWLEDGE AND BI	LIEF TRUE, ACCURATE AND	COMPLETE I AM AWARE TH	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	ON, INCLUDING THE POSSIBILE 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
minima may manage may									Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

Omega Protein - Recdville

ADDRESS

PO Box 175 Reedville, VA 22539

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

MONITORING PERIOD YEAR МО DAY

04

2009

FROM

VA0003867

PERMIT NUMBER

DAY YEAR MO 2009 04 30

002

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FACILITY

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

01

	QUANTI	TY OR LOADING	- 74		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
REPORTD	****		Van	****	****	****					
REQRMNT	NL	NL	MGD	*****		••••		可能	CONT	MEAS	á
REPORTD	# 10 16 16 16 16 16 16 16 16 16 16 16 16 16	*****		****	****	****					
	REQRMNT	AVERAGE  REPORTD *****  REQRMNT NL	REPORTD ***** REQRMNT NL NL	AVERAGE MAXIMUM UNITS REPORTD ***** REQRMNT NL NL NL MGD	AVERAGE MAXIMUM UNITS MINIMUM  REPORTD ******  REQRMNT NL NL MGD ******	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE REPORTD ****** MGD REQRMNT NL NL NL MGD	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM  REPORTD ***** MGD  REQRMNT NL NL NL MGD	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS  REPORTD ***** ***** *****  REGRMNT NL NL NL MGD ****** ***** *****	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX.  REPORTD ****** MGD ****** ***** ****** ****** ****** *****	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS  REPORTD ***** **** ***** ***** CONT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS TYPE  REPORTD ***** ***** ***** *****  REQRMNT NL NL NL MGD ****** ***** ***** CONT MEAS

PARAM CODE: 002	REQRMNT	*****			6.0	10 10 10 10 10 10 10 10 10 10 10 10 10 1	9.0	SU	633810	2D/W	GRAB
BOD5	REPORTD	****			****	****	****				
PARAM CODE: 003	REQRMNT	470	840	KG/D	****	2016 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 10 10 10 10 10 10 10 10 10 10 10 10 1		240	2/M	24HC
rss	REPORTD	****			****	****	****				
PARAM CODE: 004	REQRMNT.	160	410	KG/D	*****	George States	*****		11.23	2/M	24HC
COLIFORM, FECAL	REPORTD	****	*****		****	****	****	N/CML			
PARAM CODE: 006	REQRMNT		*****		de - ****	NL	V. 1	N/CML	1000	I/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	神中中華		*****		*****	MG/L			
PARAM CODE: 012	REQRMNT	1.9	*****	KG/D	*****	2.0		MG/L	ALC	I/W	24HC
AMMONIA, AS N	REPORTD	****	****		****	****	*****	110/			
PARAM CODE: 039	REQRMNT		Back "Becken		*****	38	45.	MG/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED AND ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED AND ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SUPERVISION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET HAT UNDER MY DIRECTION OR SHEET HAT UNDER MY DIRECTION OF ACCORDANCE WITH A SYSTEM DESIGNED ASSESSMENT AS SHEET					
UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT	1911004868				
THE PARTY OF THE P	MBER				
MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY PRINCIPAL EXECUTIVE OFFICER OR AND HOMIZED AGENT	TELEPHONE 804-453-4211				
RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PERALITIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND					
IMPRISONMENT FOR KNOWING VIOLATIONS, SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penalties under these blattets may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)  TYPED OR PRINTED NAME  TYPED OR PRINTED NAME  YE.	MO.	DAY Page 3			

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Rond

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR 2009 FROM

DAY YEAR MO DAY 2009 30 04

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

01

MO

04

Parameter		QUANTI	TY OR LOADING	The Ro	QUALITY OR CONCENTRATION					FREQUENCY		LAB CODE
	8 1-1.1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	****	****					
PARAM CODE: 080	REQRMNT		**************************************		198 (**** ) 194 (	NL	NL NL	C	1000	2D/W	IS	Ď.
ENTEROCOCCI	REPORTD	*****	****		<b>水水水</b> 水	****	***	21/02/1				
PARAM CODE: 140	REQRMNT	*****	ing		(* 15* <b>****</b> = 1	NL	1945) <b>7:1</b> 0/5/89	N/CML	200	1/W	GRAB	
OIL & GREASE	REPORTD	*****			****	****	****					
PARAM CODE: 500	REQRMNT	25	46	KG/D	****	****			(44.5)	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE					
AND OVERFLOWS				Theodore	Schultz						
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACK	HMENTS WERE PREPARED ESIGNED TO ASSURE THAT	TYPED OR PR	NTED NAME	CERTIFICATE NUMBER					
QUALIFIED PERSONI	INDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT INALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE			804-453-4211				
KNOWLEDGE AND B	SATHERING THE INFORMATIO SELJEF TRUE, ACCURATE AND SMITTING FALSE INFORMATION	COMPLETE: I AM AWARE TH	HAT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEI up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY		
plantites may include in	es up to \$15,000 unit of maximum	migrosomon or between a mana							Page 4		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

FACILITY

LOCATION

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

FROM

YEAR

2009

MO DAY 04 01

MONITORING PERIOD DAY YEAR MO 04 30

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

VA0003867

PERMIT NUMBER

Parameter		OUAN	TITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB COD
A at affects		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	1 POT 1
FLOW	REPORTD	****			****	****	*****					
PARAM CODE: 001	REQRMNT	NL	NL.	MGD		*****	****			CONT	EST	
PH	REPORTD	****	****		*****	*****	*****	O.C.				
PARAM CODE: 002	REQRMNT	****	••••	<b>7</b>	6.0	••••	9.0	SU		2/M	GRAB	ă
BOD5	REPORTD	****			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	eran Village e		**************************************			2/M	24HC	×
TSS	REPORTD	****			****	****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	81 <b>(****</b>	13 PY****	*****		138	2/M	24HC	ž.
DO	REPORTD	****	** 專 账 帐 味		****	****	****	MOII				
PARAM CODE: 007	REQRMNT				NL	NL NL	25-7****	MG/L	1200	1/DAY	GRAB	91
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		****	*****	****	MOII				
PARAM CODE: 012	REQRMNT	3.0	****	KG/D		2.0	****	MG/L	220	I/W	-24HC	58
AMMONIA, AS N	REPORTD	*****	草琢車牵取		*****	****	****	MG/L				_l
PARAM CODE: 039	REQRMNT	(B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	*****	8	*****	37	45	IVIU/L	13.	2/M	24HC	ā

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESP	ONSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTION OUALIFIED PERSON	ON OR SUPERVISION IN ACCO NEL PROPERLY GATHER AND	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE EVALUATE THE INFORMATIO MANAGE THE SYSTEM OR THE	SIGNED TO ASSURE THAT ON SUBMITTED. BASED ON	TYPED OR PRINTED NAME	CERTIFICATE NUMBER

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE IS U.S.C. & 1010, AND 33 U.S.C. & 1319, (Fendlies under these statutes may include lines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	453-4211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Recdville, VA 22539

VA0003867 003

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM 2009 04 01 TO

YEAR MO DAY
TO 2009 04 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
rarameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	132112
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	非法非水水		****	****	****	С				1
PARAM CODE: 080	REQRMNT	*****	Ø 10 10 10 10 10 10 10 10 10 10 10 10 10		*****	NL	NL NL	C	27.50	1/DAY	is	
COPPER, DISSOLVED (UG/L AS	REPORTD	水水水水水	*****		*****	*****	*****	UG/L	9			
CU)	REQRMNT	(4.00 pt.)	7 (			NL	, NL	UU/L		l/M	GRAB	Y.
PARAM CODE: 442 OIL & GREASE	REPORTD	****			****	****	水水水水					
PARAM CODE: 500	REQRMNT	430	780	KG/D		****	Sunstanting of the		100	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE				
AND OVERFLOWS				Theodore S	chultz	1911004868				
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT				TYPED OR PRIN	TED NAME	CERTIFICATE NUMBER				
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	TELEPHONE 804-453-4211					
RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PERALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penaltics under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 wombles and \$ years.)										
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY Page 6	

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME **ADDRESS**  Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

YEAR MO DAY YEAR MO DAY 04 30 2009 04 01 2009 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

### NO DISCHARGE: X

Parameter		QUANT	TTY OR LOADING	77	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	s lollestae
FLOW	REPORTD	****			****	****	****					
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD	47.18 *****	*****			blank?	CONT	EST	3
PH	REPORTD	非非常非	****		*****	****	****	SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	88.4	9.0	30	0.000	5D/W	GRAB	Š
COPPER, TOTAL (AS CU)	REPORTD	****	****		****	****	****	LICIT.				
PARAM CODE: 019	REQRMNT	*****	1205 ***** 341.5Ve	1 1		NL NL	NL NL	UG/L	1000	i/M	24HC	ē.
TEMPERATURE, WATER (DEG. C)	REPORTD	als hije alije vilje vilje	****		*****	****	****					
PARAM CODE: 080	REQRMNT	*****	****** 0.000	1 1	San Market	NL	45		81.35	I/DAY	is IS	8
SILVER, TOTAL RECOVERABLE	REPORTD	****	***		*****	**申申申	****	NO.				
PARAM CODE: 186	REQRMNT	*****	*****		26 2 WH 2 2	NL NL	NL	UG/L	Sales Sales	I/M	24HC	80
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	****		*****	****	4***	шол	T			
PARAM CODE: 448	REQRMNT	•••••	*****		****	NL	NL	UG/L	3688	I/M	GRAB	位

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

TOTAL FLOW(M. TOTAL OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) BYPASSES OCCURENCES G.) AND 1911004868 Theodore Schultz OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED CERTIFICATE NUMBER TYPED OR PRINTED NAME UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT INDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT 
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON 
MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY 
RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY 
KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT 
PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND 
MIPRISONMENT FOR KNOWING VIOLATIONS. SEE BY U.S.C. & 1010 AND 13 U.S.C. & 1319, (Penalties under these 
tatutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) 804-453-4211 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE YEAR TYPED OR PRINTED NAME SIGNATURE MO. DAY Page 7

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

PO Box 175 ADDRESS:

Reedville, VA 22539

YEAR

2009

FROM

MONITORING PERIOD YEAR МО DAY 2009 04 30

002

DISCHARGE NUMBER

FACILITY

610 Menhaden Rd

LOCATION:

NO DISCHARGE: X

DAY

01

VA0003867

PERMIT NUMBER

MO

02

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING	101-1-1	QUALITY OR CONCENTRATION					FREQUENCY	The body of the base of the same	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Blanch Strain
TOXICITY, FINAL, ACUTE	REPORTD	****	****		****	****	****	TU-A				
PARAM CODE: 379	REQRMNT	<b>""</b>	Republication (1998)		988		是不是14年的	10-74	189	1/3M	24HC	5

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

							SIBLE CHARGE					
AND OVERFLOWS				Theodore :	Schultz	1911004868						
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT				TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER						
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFIC	TELEPHONE 804-452-			4211					
RESPONSIBLE FOR GATHERING TH KNOWLEDGE AND BELIEF TRUE, A	ACCURATE AND COM	MPLETE. I AM AWARE THA	AT THERE ARE SIGNIFICANT									
PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VOLATIONS, SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statetes tray included fines up to \$19,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME		YEAR	MO.	DAY Page 1				

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 4/1/09 To 4/5/09
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
The adore Schultz / Technica / Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **The August 1 2009**  Signature of Principal Officer of Authorized Agent / Date
10

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 4/6/09 To 4/12/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica/ Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Roburbalance**  **Roburbalance**  **Roburbalance**  **Total Officer or Authorized Agent / Date**  **Date**  **Date**  **Total Officer or Authorized Agent / Date**

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 4/1309 To 4/19/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
the Hoto Briss
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	
Report Period: From 4/20/09 To 4/26/09	
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
	į
*Comments on Noncompliance	
Theodore Schultz/Technical Supervisor.  Name of Principal Exec. Officer or Authorized Agent / Title	
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 1 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines uto \$10,000 and or maximum imprisonment of between 6 months and 5 years).  **Robert V La Brusso**  Signature of Principal Officer or Authorized Agent / Date**  **Date**  Date**  **Date**  **Date*	m of or 8
R .	

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 4 127/09 To 4/3909
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

DAY

31

FACILITY LOCATION:

610 Menhaden Rd

МО YEAR МО DAY YEAR 05 01 2009 05 2009 FROM

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

Parameter	T T	OUANT	TTY OR LOADING	* THINKS	Alternative of	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB COD
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	100 mg/s
LOW	REPORTD	1.108	1.551		****	****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL In NL	MGD	26 g **** 15 e 5 e	**************************************	****		75%	CONT	EST	4
PH	REPORTD	****	****		8,06	****	8.25	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT		100000000000000000000000000000000000000		6.0	A 10.111	9.0	30	200	3D/W	GRAB	ð.
BOD5	REPORTD	11.9	14.6	1400	*****	*****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	418 Sec. 35 (1) (-1)		Property Company		100	3D/W	24HC	8
TSS	REPORTD	42.8	58.2		****	****	****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	(A) N. 114.5 (A)				277	3D/W	24HC	4
CL2, TOTAL	REPORTD	****			非非常市场	NR	NR	UG/L				
PARAM CODE: 005	REQRMNT	•••••	100 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1111 mars 1		****	580	1200	OG/L		1/DAY	GRAB	ă.
PHOSPHORUS, TOTAL (AS P)	REPORTD	1,12	*****		*****	0.24	*****	MG/L	0	1/W	24HC	
PARAM CODE; 012	REQRMNT	23 (25)		KG/D		2.0	1000	WIGIL		I/Winter	24HC	R
CYANIDE, TOTAL (AS CN)	REPORTD	非非维尔市	****		****	<ql< td=""><td><ql< td=""><td>UG/L</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>UG/L</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>	UG/L	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT		e izande ser i egiptore		esta <b>"""</b> est i	96	110	UG/L	1500	2/M	GRAB	Ä.

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	INSIBLE CHARGE			
AND OVERFLOWS	0	0	0	Theodore Sci	nultz		1911004868		
CERTIFY UNDER PER	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CER	TIFICATE NUMBE	R	
UALIFIED PERSONN  AY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WILD N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON	PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	8044534211			
NOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	IAT THERE ARE SIGNIFICANT						
MPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

**FACILITY** LOCATION

610 Menhaden Rd

YEAR МО DAY 05 01 2009 FROM

YEAR МО DAY 05 31 2009

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	1	QUANTI	TY OR LOADING	J		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
Elminor Hamber 1995 Cold		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
AMMONIA, AS N	REPORTD	****	和米米米米		****	0.41	0.70	14011	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	(a) 10 <b>*****</b> (a) *(b)	****		G\$12*****	NL	NL 1	MG/L	11151	2/M.	24HC ,,	
	REPORTD	*****	*****		中水水水水	****	30.2	C	0	I/DAY	IS	
PARAM CODE: 080	REQRMNT	******	2. 4. ***** Jun 180			10 C 10 10 10 10 10 10 10 10 10 10 10 10 10	50	C .	194	I/DAY	IS	iii
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>******</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>******</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		****	******	****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D					100	3D/W	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	DNSIBLE CHARGE						
AND OVERFLOWS	0	0	0	Theodore So	chultz		1911004868					
CERTIFY UNDER PE	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH IRDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CEF	TIFICATE NUMBE	ER				
QUALIFIED PERSONN MY INOUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION  ANNAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	8044534211					
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	N, TIJE INFORMATION SUBMI I COMPLETE, I AM AWARE TH IN, INCLUDING THE POSSIBIL	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND									
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	. & 1319. (Penulties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 2			

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME

Omega Protein - Recdville

ADDRESS

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Recdville, VA 22539

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR

2009

МО

05

DAY YEAR МО DAY 2009 05 31 01

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	1 3 3 7 1
REPORTD	0.153	0.179		****	****	****		0	CONT	MEAS	
REQRMNT	NL.	NL	MGD	*****	****			1888	CONT	MEAS	
REPORTD	****	*****		6.57	••••	6.79	CII	0	2D/W	GRAB	
	REQRMNT	AVERAGE REPORTD 0.153 REQRMNT NL	AVERAGE         MAXIMUM           REPORTD         0.153         0.179           REQRMNT         NL         NL	AVERAGE         MAXIMUM         UNITS           REPORTD         0.153         0.179         MGD           REQRMNT         NL         NL         MGD	AVERAGE   MAXIMUM   UNITS   MINIMUM	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX.	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX. OF ANALYSIS	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX. OF ANALYSIS   TYPE

https://edmr.deq.virginia.gov/edmr/Pages/ReportManage/BlankReport\_PUW.aspx?RRId=66049&type=MONTHLY\_REVIEW&rid=4554

PARAM CODE: 002	REQRMNT	*****	*****	ĺ	6.0	*****	9.0			2D/W	GRAB
BOD5	REPORTD	5,22	5.22		****	****	*****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840	KG/D	Section 1	****	44 ( A C. )		3.5	2/M	24HC
SS SS	REPORTD	4.61	4.61		*****	****	****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D	and the state of the	g districted and a	*****		507) 5000	2/M	24HC
COLIFORM, FECAL	REPORTD	****	赤非本州李		****	11	水水水水市	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	****	Fig. 1 **** 4 # 5 8 18	1	X 162 7**** 1.	NL	5.00 m 10 m 10 m	IVCNE		1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.10	****	VC/D	****	0.14	******	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	59 m 4**** 4 cm 59	KG/D		2.0		WOL	85.00	I/W	24HC
AMMONIA, AS N	REPORTD	****	****		****	0.97	0.97	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	S. 10. ****** (Sept. 19)	ilig 2 - • • • • •			38	45	IVIO/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore So	chultz		1911004868					
CERTIFY UNDER PEN	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER				
QUALIFIED PERSONNI	EL PROPERLY GATHER AND PERSON OR PERSONS WHO M	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THE	ON SUBMITTED. BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	8044534211				
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ATY OF FINE AND									
IMPRISONMENT FOR I	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisenment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 3			

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175

Reedville, VA 22539

VA0003867 002 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR 2009 FROM

MO

05

DAY

01

YEAR MO DAY 2009 05

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	T	QUANT	ITY OR LOADING			QUALITY OR CON-	CENTRATION		NO.	FREQUENCY		LAB CODE
A CONTRACTOR OF THE CONTRACTOR		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	****		****	24.3	25.4		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	****	456 <b>****</b> *****		filler at the last	NL	NL	С		2D/W		?
	REPORTD	****	****		****	29	****		0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	•••••	1	1		NL NL	*****	N/CML	3.000	I/W	GRAB	į.
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td><b>神神神</b>草神</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td><b>神神神</b>草神</td><td>*****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		****	<b>神神神</b> 草神	*****		0	2/M	GRAB	
ARAM CODE: 500	REQRMNT	25	46	KG/D	*****	- Fascal 11 (14)	2.41.51.51		9374	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	Theodore Schultz  1911004868  FARED TYPED OR PRINTED NAME CERTIFICATE NUMBER SISHOON CILY PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 8044534211 SIST OF MY INIFICANT					
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ROANCE WITH A SYSTEM DE	IMENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	ITED NAME	CER	TIFICATE NUMBI	CR	
MY INCHIRY OF THE	NEL PROPERLY GATHER AND PENSON ON PERSONS WHO N	ianage the system or th	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT	VA			·		
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR *	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Rond

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

Omega Protein - Reedville

PO Box 175

Recdville, VA 22539

FACILITY

LOCATION

610 Menhaden Rd

	VA0	003867		003						
	PERMIT	NUMBER		DISCHARC	E NUMB	ER				
		MONIT	ORING	PERIOD						
YEAR	МО	DAY		YEAR	МО	DAY				
2009	05	01	То	2009	05	31				

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

FROM

Parameter		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION	Co	NO.	FREQUENCY	SAMPLE	LAB CODI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	****			****	****	本市市平京					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	863945 <b>***</b> ***				9,000	CONT	EST	Q
PH	REPORTD	****	****		*****	****	非市市市水	211				1
PARAM CODE: 002	REQRMNT	( NO & ***** (M. S. )	SERVICE STREET		6.0	*****	9.0	SU	555500	2/M	GRAB	3
BOD5	REPORTD	****			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D		53300 <b>22</b> 53234			10,30	2/M	24HC	
TSS	REPORTD	****			*****	****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	2000	0.00	1985 <b>1985</b>		3450	2/M	24HC	R
DO	REPORTD	****	****		****	****	****	110"				
PARAM CODE: 007	REQRMNT	ores •••••			NL	NL	en ( ***** ( *.6.	MG/L	1.55	I/DAY	GRAB	d
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	****		****	*****	*****					
PARAM CODE: 012	REQRMNT	3.0	*****	KG/D	******	2.0	*****	MG/L	Mist	1/W	24HC	Į.
AMMONIA, AS N	REPORTO	*****	****		****	***	****					T
PARAM CODE: 039	REQRMNT	*****	*****		**************************************	37	45	MG/L	THE SECTION AND ADDRESS OF	2/M (1897)	24HC	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS				Theodore Schultz 1911004868					
UNDER MY DIRECTIC QUALIFIED PERSONN	ON OR SUPERVISION IN ACCOUNT OF THE PROPERLY GATHER AND	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DES EVALUATE THE INFORMATIO MANAGE THE SYSTEM OR THO	SIGNED TO ASSURE THAT ON SUBMITTED, BASED ON	TYPED OR PRINTED NAME	CERTIFICATE NUMBER				

, https://edmr.deq.virginia.gov/edmr/Pages/ReportManage/BlankReport\_PUW.aspx?RRld=66049&type=MONTHLY\_REVIEW&rid=4554

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BBST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE IS U.S.C. & 1010. AND 33 U.S.C. & 1319, (Penalties under these utatates may include fines up to \$10,000 and/or nuximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFIC	CER OR AUTHORIZED AGENT	TELEPHONE	804	4534211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867 003
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

R MO DAY YEAR MO DAY

FACILITY

LOCATION

610 Menhaden Rd

FROM 2009 05

YEAR MO DAY 2009 05 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

10

Parameter	Series in	OUANT	ITY OR LOADING	needvs.	OWNER PROTEIN 15	QUALITY OR CON	CENTRATION		NO.		SAMPLE	LAB CODE
	Share and	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		非水中中水	本本市水市	****	C				
PARAM CODE: 080	REQRMNT	( Assessment	*****		estruttor"	NL	NL	C	200	1/DAY	IS	3
COPPER, DISSOLVED (UG/L AS	REPORTD	*****	非常眼状水		****	水水水水水	****					
CU) PARAM CODE: 442	REQRMNT	*****	****		****	NL	NL NL	UG/L	122	1/M	GRAB	14 12 13
OIL & GREASE	REPORTD	****	ACC 20 10 CO 12 15 15 15 20 22 CO		中华水市中	*****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	\$37.6. <b>!**!*</b>	****	*****		500%	2/M	GRAB	ž.

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS				Theodore	Schultz	1911004868 CERTIFICATE NUMBER				
	NALTY OF LAW THAT THIS D			TYPED OR PRI	NTED NAME					
MY INQUIRY OF THE	NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT UALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON Y INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY ESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFIC	TELEPHONE	80	44534211			
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	NALTHES FOR SUBMITTING FALSE INFORMATION, INCCUDING THE POSSIBILITY OF FINE AND PRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these utes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Recdville, VA 22539

VA0003867 995 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR МО DAY YEAR МО DAY 2009 05 01 2009 05 31 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
	0.2010	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A Company
FLOW	REPORTD	1.097	1.536		****	******	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	EST	8
PH	REPORTD	****	水水水中水		7.77	非非非非本	8.28		0	5D/W	GRAB	
ARAM CODE: 002	REQRMNT	••••	****	1	6.0	FF 80 *****	9,0	SU	0.000	5D/W	GRAB	5
COPPER, TOTAL (AS CU)	REPORTD	****	专业水平水		<b>非市市中市</b>	5.0	5.0		0	1/M	24HC	
PARAM CODE: 019	REQRMNT	4 45 100 100	2		15 F 25 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	NL *	NL: 1, 1 = 3	UG/L	(5)(SE)	1/M	24HC	1
TEMPERATURE, WATER (DEG. C)	REPORTD	****	非非形水水		****	30.2	37,6		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	****	(i) 1/2 ***********************************	1	v.,	NL NL	45	С	200	I/DAY	IS	1
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
PARAM CODE: 186	REQRMNT	1.00. ***** 0.00.	916 6 2000	1	*****	NL	NL.	UG/L	300	1/M	24HC	5
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	****		安華華本	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>		0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	18.19. <b>****</b> 8.31.8	••••	1	*****	NL	NL	UG/L	20.80	1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE								
OVERFLOWS			0	Theodore	Schultz	1911004868						
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER						
MY INQUIRY OF THE	ALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON INQUIRY OF THE PERSON OR PERSONS DIRECTLY PROSSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFIC	TELEPHONE 804		044534211					
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT				,					
	USONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these is may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY			
									Page 7			

OMEG	JA EIN			DMR	REPO	RTING
			Cockrell Creek			
REEDV	ILLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	26-May-09	9:50	24.3	8.47	0.19	14.0
002	26-May-09	9:40	24.3	8.58	3.42	14.0
995	26-May-09	9:55	25.1	8.36	0.180	14.0

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8									,OII					
9														
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26									L	-			-	
27							ļ							
28	17:10	2.2	9.51	<0.1	21.6	8.43	14	17:15	2.6	9.7	<0.1	21.6	8.45	15
29														
30														
31 Date	Time of	BOD	DO	Amm	Temp	pН	Salinity	Time of	BOD	DO	Amm	Temp	pН	Salinity
Date	Sample	(mg/L)		(mg/L)	°C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Smuggler's Point

Name of Sampler: Ted Schultz

CB Refrig Water #2 Smuggler's Point May 2009.xls

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1				<u> </u>										
2														
3														
4			· ·											
5														
6														
7	- 11-22													
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26			ļ											
27			-									010		
28	16:55	7.3	9.92	0.19	21.9	8.32	15	17:05	2.4	9.93	<0.1	21.8	8.83	14
29			-				-		-					-
30			ļ				-		-					
31 Date	Time of	BOD	DO	Amm	Temp	pΗ	Salinity	Time of	BOD	DO	Amm	Temp	pН	Salinity
	Sample	(mg/L)		(mg/L)	°C	(SU)	ppt	Sample					(SU)	ppt

Name of Vessel: Shearwater

Name of Sampler: Ted Schultz

Facility Name: Ome	ega Protein		
Address: Reedville,	VA.		780
VPDES Permit No.:	: VA0003867		
Report Period: Fro	m 5/1/09 To 5/10	2109	
Paint Area	COM	MPLIANCE / NONCOMPLIANCE * (check as appropriate)	,
:			
·			
*Comments on No	ncompliance		
Theodore S Name of Principal	Schult2 / Tec Exec. Officer or Authorize	ted Agent / Title	
supervision in according evaluate the inform or those persons dimy knowledge and submitting false informations.	ordance with a system denation submitted. Based of irectly responsible for gath belief true, accurate and formation, including the potentiand and 33 U.S.C. parage	ment and all attachments were preparesigned to assure that qualified person on my inquiry of the person or persons thering the information, the information discomplete. I am aware that there are ossibility of fine and imprisonment for kingraph 1319. (Penalties under these stated of between 6 months and 5 years).	s who manage the system submitted is to the best of re significant penalties for mowing violations. See 18
Signature of Princi	ipal Officer or Authorized	Agent / Date	

Facility Name: Omega Protein

VA0003867

Address: Reedville, VA.

VPDES Permit No.:

Report Period: From 5/11/09 To 5/17/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein

Address: Reedville, V	A			55	
VPDES Permit No.:	VA0003867				
Report Period: From	5/18/09 To 5/	2409			
Paint Area	<u>CC</u>	OMPLIANCE / NON (check as appro			
	× ×				
	379				
<del>2000 - 2000</del>		P	(	÷	
			(A)		
*Comments on Nonco	mpliance				
Theodore So Name of Principal Exe	hultz/	Technica/ rized Agent/ Title	1 Supervis	or "	
I certify under penalty supervision in accordance valuate the information or those persons directly my knowledge and be submitting false inform U.S.C. paragraph 100 to \$10,000 and or ma	ance with a system on submitted. Base of submitted Base of stly responsible for good for a factor, including the 1 and 33 U.S.C. part	designed to assure to don my inquiry of the athering the information complete. I am a possibility of fine and agraph 1319. (Penalt	that qualified persons we person or persons we person or persons we lion, the information subware that there are sometimes under these statulities under these statulities.	net properly gather a tho manage the systent significant penalties owing violations. See	em t of for 18
Signature of Principal	Officer or Authorize	ed Agent / Date	1 2009	_	

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS:

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR DAY YEAR MO DAY МО 06 30 2009 06 01 2009

FACILITY

610 Menhaden Rd

LOCATION:

FROM

Picdmont Regional Office

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION	non Lui Vile	NO.	FREQUENCY	SAMPLE	LAB CODE
	SE L	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	A PAY MELLER
FLOW	REPORTD	2.568	4.254		****	*****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD		*****	****			CONT	EST	3
PH	REPORTD	****	****		7.01	****	8.20	011	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	****	1 1	6.0	*****	9.0	SU	98700	3D/W	GRAB	4
BODS	REPORTD	117.5	938.5		****	****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	REPRESANCE.	(S) (SEE * * * * * * * * * * * * * * * * * *	Mark Control		1900	3D/W	24HC	8
TSS	REPORTD	151.5	383.5		***	****	水堆水水中		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	*****	10 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1885	3D/W	24HC	Ž.
CL2, TOTAL	REPORTD	****	非非非非		****	NR	NR					
PARAM CODE; 005	REQRMNT	1 Tel	*****	1 1	SEZETI SELV	580	1200	UG/L	200	1/DAY	GRAB	-
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.67	****		非本本本本	0.09	****	1400	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	SV SECTIONS	KG/D	****	2.0	V 2 """	MG/L		1/W =	24HC	8
CYANIDE, TOTAL (AS CN)	REPORTD	本者难取申	****		****	34.0	52.4		0	2/M	GRAB	
PARAM CODE; 018	REQRMNT		i ka siina		•••••	96	110	UG/L		2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO N ATHERING THE INFORMATIO	MANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	8044534211		
KNOWLEDGE AND B		COMPLETE. I AM AWARE TH	AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
-									Page 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

610 Menhaden Rd LOCATION

FROM

YEAR MO DAY YEAR MO DAY 06 10 2009 06

30

DAY

30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	SIAL D	QUANTI	TY OR LOADING	(U) Z	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE .	
AMMONIA, AS N	REPORTD	*****	****		****	0.36	0.58	110/1	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	*****	******		*****	NL	NL	MG/L		2/M	24HC	
	REPORTD	****	****		****	*****	36.8	-	0	I/DAY	IS	
PARAM CODE: 080	REQRMNT	****	Symposium de la companya de la companya de la companya de la companya de la companya de la companya de la comp		******	975-011111 39 Q	50.	C	2003	I/DAY	IS	1
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>****</td><td>****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		****	****	****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	****	3 × • • • • • • • • • • • • • • • • • •	1000 7 2 2 3 9 5		1227	3D/W	GRAB	ă .

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PERMITTEE NAME/ADDRESS (INCLUDE

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	Schultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO A	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND BI	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175 Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR MO DAY YEAR MO 06 01 2009 06 2009

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING	QUALITY OR CONCENTRATION			J. Welley	NO.		SAMPLE	LAB CODE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	0.203	0.364		****	*****	****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	****		1300	CONT	MEAS	Į.
PH	REPORTD	*****	****		6.72	*****	7.75	CII	0	2D/W	GRAB	
				1			!	SU				7

PARAM CODE: 002	REQRMNT	*****	*****		6.0	Dos Straces	9.0			2D/W	GRAB
BOD5	REPORTD	13.0	19.2		****	****	****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840	KG/D	70000 *********************************	****	200 27 <b>*****</b>		187940	2/M	24HC
TSS	REPORTD	5.23	5.41		****	****	****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D	8/202 <b>****</b>	\$4.87 <b>***</b> ***	310 #************************************		4983	2/M	24HC
COLIFORM, FECAL	REPORTD	****	****		****	14	****	N/CN (I	0	I/W	GRAB
PARAM CODE: 006	REQRMNT	was the state of the state of	Agrae Mark & De		Alexander de la companya de la companya de la companya de la companya de la companya de la companya de la comp	NL NL	67.48***********	N/CML	機能	1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.18	*****		*****	0.19	*****	140/1	0	1/W	24HC
PARAM CODE; 012	REQRMNT	1.9	72-111111111111111111111111111111111111	KG/D	5500 X *********************************	2.0	985 9 <b>7272</b> (\$60)	MG/L	335	1/W	24HC
AMMONIA, AS N	REPORTD	****	*****		****	0.82	0.85	МСЛ	0	2/M	24HC
PARAM CODE: 039	REQRMNT	****	****		*****	38	45	MG/L	12884	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
CERTIFY UNDER PER	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACK DRIJANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	DN, THE INFORMATION SUBM D COMPLETE. I AM AWARE TI DN, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITTY OF FINE AND	Š.					
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEI	E 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	, & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 3

PERMITTEE NAME/ADDRESS (INCLUDE

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175

Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR МО DAY YEAR MO DAY 06 01 2009 06 2009

**FACILITY** 

LOCATION

610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road Glen Allen, VA 23060

Parameter		QUANT	ITY OR LOADING			QUALITY OR CON-	NO.	FREQUENCY	SAMPLE	LAB CODE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	26,4	28.5	-	0	2D/W	1S	
PARAM CODE: 080	REQRMNT	*****	*****		100 pt 100 pt 1	NL	NL L	C	6980	2D/W	s is	5
ENTEROCOCCI	REPORTD	*****	*****		****	25	****	) I/O) #	0	I/W	GRAB	
PARAM CODE: 140	REQRMNT	**************************************	*****			NL		N/CML	386	1/W	GRAB	2
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>非承米亦作</td><td>中華水中市</td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>非承米亦作</td><td>中華水中市</td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		非承米亦作	中華水中市	****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25 25	46	K.G/D		74 F2 ********			\$19.K	2/M.	GRAB	3

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

FROM

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS IS ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBE	R	
MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WITO N	MANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	44534211	
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	& 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					7.5				Page 4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME **ADDRESS**  Omega Protein - Reedville

PO Box 175

Recdville, VA 22539

**FACILITY** LOCATION

610 Menhaden Rd

		PERMIT	NUMBER		DISCHAR	SE NUMB	ER
			MONIT	ORING	PERIOD		
	YEAR	МО	DAY	1	YEAR	MO	DAY
FROM	2009	06	01	то	2009	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

VA0003867

Parameter	8 TOTAL	QUANT	ITY OR LOADING	199	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB CODE
	200	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	南南非水水		1	非水水水布	*****	****					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	y 100 M	\$944 <b>****</b>			538	CONT	EST	1
PH	REPORTD	****	****		*****	市水市水水	****					1
PARAM CODE: 002	REQRMNT	110 C. S.	winds """ on all	1 1	6.0	*****	9.0	SU		2/M	GRAB	4
BOD5	REPORTD	******			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	usomosta també	****	****		3000	2/M	24HC	ā.
TSS	REPORTD	******			****	****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	Street Treet	79.4 <b>****</b>		978	2/M	24HC	
DO	REPORTD	水原植物植	****		****	****	李本奉奉奉					1
PARAM CODE: 007	REQRMNT	44.75****	projetski je objet	1 1	NL .	NL	\$464501 <b>***</b>	MG/L	9,8388	1/DAY	GRAB	Ī.
PHOSPHORUS, TOTAL (AS P)	REPORTD	水布布本水	****		***	*****	****					
PARAM CODE: 012	REQRMNT	3.0	1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	KG/D		2.0	****	MG/L	690a	1/W	24HC	
AMMONIA, AS N	REPORTD	水油曲水水	****		****	本本界本本	****					
PARAM CODE: 039	REQRMNT		****		*****	37	45	MG/L	2508	2/M	24HC	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPO	NSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
		EVALUATE THE INFORMATIO MANAGE THE SYSTEM OR THO			

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1019. (Penalties under these statutes may include tines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFI	CER OR AUTHORIZED AGENT	TELEPHONE	804	4534211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY

Page 5

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME Ome

Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867 003
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FACILITY

ADDRESS

LOCATION

610 Menhaden Rd

FROM 2009

R MO DAY 9 06 01 TO YEAR MO DAY 2009 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

Parameter	1	QUANT	ITY OR LOADING	-9.5-10	MICHAEL THE WATER	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
	12.6	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	非非常原本	****		****	****	****					
PARAM CODE: 080	REQRMNT	*****	****		40.2	NL	NL	C	\$20 A	I/DAY	IS	
COPPER, DISSOLVED (UG/L AS	REPORTD	****	*****		****	***	****					
CU) PARAM CODE: 442	REQRMNT	••••	••••		*****	NL .	NL.	UG/L	2250	1/M	GRAB	
OIL & GREASE	REPORTD	****			****	****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	N. A. C	*****	528			# / 2/M	GRAB	g .

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)							
OVERFLOWS				Theodore S	chultz	1911004868				
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CERTIFICATE NUMBER				
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO  ON. THE INFORMATION SUBMIT	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	8044534211			
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT							
MPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD

FACILITY

LOCATION 610 Menhaden Rd

FROM

			7 1			- UIII.
YEAR	МО	DAY		YEAR	MO	DAY
2009	06	01	то	2009	06	30
			1			

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION	HOLE NO	NO.	FREQUENCY	SAMPLE	LAB CODE
Carlo de la constanta de la compansión d		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	2.463	4,212	lan	****	****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	1.00 P		SPIN WARRY		\$3,5V	CONT	EST	60
PH	REPORTD	****	****		7.68	****	8.29	211	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	**************************************	****		6.0		9.0	SU	200 P	5D/W	GRAB	8
COPPER, TOTAL (AS CU)	REPORTD	●水水市市	****		****	4.0	4.0	rio(r	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	****	****		*****	NL	NL	UG/L	33300	I/M	24HC	£
TEMPERATURE, WATER (DEG. C)	REPORTD	<b>非</b> 宗亦准宗	****		水中水中水	31.7	37.4		0	I/DAY	18	
PARAM CODE: 080	REQRMNT	••••	*****			NL	45	C		I/DAY	IS	
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
PARAM CODE: 186	REQRMNT	100 P	••••		60 45 <b>****</b>	NL	NL .	UG/L	80%	//////////////////////////////////////	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****		非非非不幸	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>		0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	<b>国的文学基本</b> 技术的	Section 1			NL NL	NL .	UG/L	製造	l/M:	GRAB	ř.

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore S	Schultz	1911004868					
UNDER MY DIRECTIO	INALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIM	TED NAME	CERTIFICATE NUMBER					
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WILLOW	IANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	80	44534211				
KNOWLEDGE AND B	ATHERING THE INFORMATION BLIEF TRUE, ACCURATE AND MITTING FALSE INFORMATION	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT								
	KNOWING VIOLATIONS, SEE of up to \$10,000 and/or maximum is			TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY		
				##			<del>//</del>		Page 7		

OMEGA PROTEIN Cockrell REEDVILLE, VA	Creek
REEDVILLE, VA	
Outfall Ammor (20' from) Date Time Temp (°C) pH (SU) (mg/l)	i
<b>001</b> 9-Jun-09 10:48 27.5 7.79 0.59	14
<b>002</b> 9-Jun-09 10:40 27.8 7.66 0.63	13
995 9-Jun-09 10:54 29.3 7.77 0.580	14

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

Date	Time of Sample	BOD (ma/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1														
2														
3														
4														
5														
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7														
8			¥1											
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11	=====													
12														
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19														
20														
21														
22														
23														
24														
25										-				
26														
27														
28														
29														
30	9:25	<2	8.56	<0.1	26.1	8.27	13	9:35	<2	8.37	<0.1	26.0	8.43	13
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Smuggler's Point

Name of Sampler: Ted Schultz

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1											1-11			
2														
3														
4														
5														
6														
7														
8														
9														
10													311-22-11-1	
11														
12														
13														4
14														
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20														
21														
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24														
25														
26														
27														
28														
29														
30	11:30	<2	8.62	<0.1	26.3	8.22	13	11:40	<2	8.4	<0.1	26.1	8.39	13
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Kimberly

Name of Sampler: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 6/1/09 To 6/2/09
Paint Area
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	
16	**
VPDES Permit No.: VA0003867	
Report Period: From 6/8/09 To 6	<u>1141</u> 09
Paint Area C	OMPLIANCE / NONCOMPLIANCE * (check as appropriate)
: <del></del>	
2	
*Comments on Noncompliance	2
Theodore Schultz/Te Name of Principal Exec. Officer or Author	orized Agent / Title
supervision in accordance with a system evaluate the information submitted. Base or those persons directly responsible for my knowledge and belief true, accurate submitting false information, including the	e 7/8/2009

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 6/15709 To 6/21/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

	Facility Name: Omega Protein Address: Reedville, VA.
,	VPDES Permit No.: VA0003867
	Report Period: From 6/22/09 To 6/30/09
	Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
	*Comments on Noncompliance
	Theodore Schultz / Technica / Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
	Signature of Principal Officer or Authorized Agent / Date
	Signature of Principal Officer or Authorized Agent / Date

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

#### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME:

FACILITY

LOCATION:

Omega Protein - Recdville

ADDRESS:

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

PERMIT NUMBER MONITORING PERIOD

VA0003867

01

MO DAY

07

2009

FROM

DAY YEAR MO 2009 07 31

001

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

Parameter		QUAN	TITY OR LOADING	7 7 2		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
	- 3	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	2.643	4.254		***	*****	不水平市本		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD		990 C *****				CONT	EST	
PH	REPORTD	****	****		7.17	****	8.05		0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****		i i	6.0	(A) (*****A) N.S.	9.0	SU	11000	3D/W	GRAB	6
BODS	REPORTD	151.0	369.0	1	****	****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	*****	60 C	*****		1499	3D/W	24HC	
TSS	REPORTD	179.6	645.4		非水中不求	****	****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D					initial/	3D/W	24HC	1
CL2, TOTAL	REPORTD	****	****		班市水市市	NR	NR	110/1				
PARAM CODE: 005	REQRMNT	1. Santa 1. Mar. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	6 600 MM 8 60	1	1111	580	1200	UG/L	9050	I/DAY	GRAB	3
PHOSPHORUS, TOTAL (AS P)	REPORTD	5.21	****		****	0.38	****	140"	0	I/W	24HC	
PARAM CODE: 012	REQRMNT	23.	*****	KG/D	*****	2.0	*****	MG/L	15500	1/W	24HC	E.
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		水水水水水	19.6	25.0	1107	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****		*****	96	110	UG/L	P\$ 3 8	2/M	GRAB	Š

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE				
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
UNDER MY DIRECTIC	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER		
MY INQUIRY OF THE RESPONSIBLE FOR G	PERSON OR PERSONS WHO N ATHERING THE INFORMATION	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE INFORMATION SUBMI	OSE PERSONS DIRECTLY TTED IS TO THE BEST OF MY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211		
PENALTIES FOR SUB	MITTING FALSE INFORMATION	COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITY OF FINE AND							
		18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month		TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
									Page 1	

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Recdville, VA 22539

VA0003867 001 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

МО DAY YEAR 2009 07 01 FROM

DAY YEAR MO 2009 07 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANTI	TY OR LOADING	i ii		QUALITY OR CONC	QUALITY OR CONCENTRATION					LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	24 (4.7)
AMMONIA, AS N	REPORTD	****	****		****	3.32	4.28	1467	0	2/M	24HC	
	REORMNT	*****		1	*****	NL	NL	MG/L	360.00	2/M	24HC	
PARAM CODE: 039 TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	****	42,2		0	I/DAY	IS	
12 2,	REORMNT	maja <b></b>	5-2-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ł	1985000 ***** South St.	arenas ••••• anada	50	С	2653E	I/DAY	IS	1
PARAM CODE: 080	REPORTD	<ql< td=""><td><ol< td=""><td>_</td><td>****</td><td>****</td><td>***</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ol<></td></ql<>	<ol< td=""><td>_</td><td>****</td><td>****</td><td>***</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ol<>	_	****	****	***		0	3D/W	GRAB	
OIL & GREASE				KG/D	WORLDSHIP WAS AND THE RELIGIONS		2.5040.40444.22032		A445381	3D/W	GRAB	1
PARAM CODE: 500	REQRMNT	370	680		SECTION OF STREET	2.000 (CO) (A) (CO)	SUPPLY SERVICES		1975000	AND SECURE ASSESSMENT	SUNDON'T WILL	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
AND OVERFLOWS			0	Theodore So	hultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONN	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	COMPLETE I AM AWARE TH	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
INTERPREDATION FOR	KNOWING VIOLATIONS SEE	ON, INCLUDING THE POSSIBIL 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
trainies may nicitue mis	ct alt to 3 tables and of maximum	and continue and a second	CIDECOCIOCO III						Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175 Reedville, VA 22539

VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR

2009

MO

07

DAY YEAR МО DAY 07 31 01 2009

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdment Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	ITY OR LOADING	V5 15/7	AN ADM	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	.177	.272		****	****	****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	, NL	NL	MGD	*****	000 101 000 000	1849. <b>***</b> ****		100 m	CONT	MEAS	
PH PH	REPORTD	*****	*****		6,50	****	7.65	CII	0	2D/W	GRAB	
				1				SU				7

PARAM CODE: 002	REQRMNT	*****	own and the same	Ħ	6.0	400 M	9.0		646	2D/W	GRAB
BODS .	REPORTD	4.8	9.7		****	*****	****		0	2/M	24HC
	REQRMNT	470	840	KG/D	•••••	•••••	32120		2000	2/M	24HC
PARAM CODE: 003	REPORTD	6.6	10.2		*****	****	*****		0	2/M	24HC
PARAM CODE; 004	REQRMNT	160	410	KG/D	*****	*****	*****		87-8	2/M	24HC =
COLIFORM, FECAL	REPORTD	****	****		****	0.1	****	N/CML	0	I/W	GRAB
PARAM CODE: 006	REQRMNT	w.ja.z.ly.****.().(Rije)	*****		22 0 <b>*****</b>	NL	*****	N/CML	2000	1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.24	*****		****	0.36	*****	MG/L	0	I/W	24HC
PARAM CODE: 012	REQRMNT	1.9	District	KG/D	**********	2.0	10.5 C	MG/L	121500	1/W	24HC
AMMONIA, AS N	REPORTD	*****	****		****	1.90	3.38	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****			400 PH 15 W 15 W 15 W 15 W 15 W 15 W 15 W 15	38	45	N/O/L	<b>克德</b>	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore So	hultz				
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS E	OCUMENT AND ALL ATTACI ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION OF THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI O COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	: 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
statutes may include line	es up to \$10,000 and/or maximum	imprisonment of between 0 month	s dio 2 feats.)						Pa

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175

Recdville, VA 22539

FACILITY

610 Menhaden Rd LOCATION

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

MO DAY 07 01 2009 FROM

YEAR MO DAY 31 2009 07

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	ITY OR LOADING	-		QUALITY OR CON	CENTRATION	MISHS E		FREQUENCY	SAMPLE	LAB CODE
	0 -	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		****	27.4	30.4		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	ACCUMENT STATE	S		A	NL	NL	C	30.5	2D/W	IS	
ENTEROCOCCI	REPORTD	****	*****		****	31.8	****	NICONT	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	•••••	255 00000000000000000000000000000000000		*****	NL NL	*****	N/CML	1400	1/W	GRAB	1
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>序除岑布雷</td><td>*****</td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>序除岑布雷</td><td>*****</td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		序除岑布雷	*****	****		0	2/M	GRAB	
ARAM CODE: 500	REORMNT	25 25	46	KG/D	50.0****	10/45 ***** (F8/16)	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		100	2/M	GRAB	a de la companya de l

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	INSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS DON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONS MY INOUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Statutes may include in	Cs up to 210,000 and ct transmit								Page 4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville NAME ADDRESS

FACILITY

LOCATION

PO Box 175

610 Menhaden Rd

Recdville, VA 22539

DISCHARGE NUMBER PERMIT NUMBER

VA0003867

MONITORING PERIOD

МО DAY YEAR 07 01

FROM

YEAR MO DAY 07 2009 31

003

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

Parameter	The sea	OUANT	TY OR LOADING		CLOSE STATE	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	****			****	****	****					
PARAM CODE: 001	REQRMNT	NL	NL.	MGD	date William	*****	****		- 40	CONT	EST	8
PH	REPORTD	****	****		*****	非非非非	****	27.7				
PARAM CODE: 002	REQRMNT	E PROGRAMME	5000 W 100 A		6.0	* * * * * * * * * * * * * * * * * * *	9.0	SU	7236	2/M	ORAB	Ĭ.
BOD5	REPORTD	****			****	****	****		T			
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	STATE WAY AR AR	74.00	****		6863	2/M	24HC	
TSS	REPORTD	****			****	****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	1989 <b>1111</b> 1120 11	a •••••			2/M	24HC	8
DO	REPORTD	****	****		*****	****	****	) / G / F				
PARAM CODE: 007	REQRMNT	*****	67 to the transfer of		NL	NL		MG/L	7500	I/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		李本原本市	****	****					
PARAM CODE: 012	REQRMNT	3.0	*****	KG/D	was in the	2.0	\$65, <b>27713</b> ,63,645	MG/L		1/W	24HC	The state of the s
AMMONIA, AS N	REPORTD	****	****		****	****	****	1400				
PARAM CODE: 039	REQRMNT	ali Ger <b>itiri</b>	(1) (1) (1) (1) (1) (1) (1)		energia de la composição de la composição de la composição de la composição de la composição de la composição	37	45	MG/L	4.30	2/M	24HC	7

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS				Theodore Schultz	1911004868				
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACI DRDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER				
QUALIFIED PERSON	NEL PROPERLY GATHER AND	EVALUATE THE INFORMATION OR THE	ON SUBMITTED. BASED ON						

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penalties under these statules may include lines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	8044534211				
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		

Page 5

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

**ADDRESS** 

PO Box 175 Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 31 2009 07 01 2009 07

003

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

FROM

VA0003867

Parameter		QUANTI	TY OR LOADING	1-54		QUALITY OR CON		FREQUENCY	SAMPLE	LAB CODE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	1 2 3
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	非非非非非	****					
PARAM CODE: 080	REQRMNT	*****	*****		40.04	NL NL	NL	C	3133	1/DAY	18	ŠÚ NO
COPPER, DISSOLVED (UG/L AS	REPORTD	非米市本本	水椒水椒水		****	****	****	LIC/I				
CU) PARAM CODE: 442	REQRMNT	••••	****		••••	NL	NL	UG/L	69425	I/M	GRAB	
OIL & GREASE	REPORTD	****	V-12-12-12-12-12-12-12-12-12-12-12-12-12-		****	专专术学专	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	12 15 1 <b>5 15 15 1</b>	19041118	****		9000	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	PONSIBLE CHARGE					
OVERFLOWS				Theodore S	Schultz	1911004868					
		DOCUMENT AND ALL ATTACK		TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER					
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211			
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND		IITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT I ITY OF FINE AND								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE		C. & 1319 (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		
									Page 6		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT) NAME ADDRESS Omega Protein - Recdville

PO Box 175

Reedville, VA 22539

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR МО DAY YEAR МО DAY 2009 07 31 2009 07 01 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING			QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	2,555	4.212		本非本水水	****	非非常水水		0	CONT	EST	
PARAM CODE; 001	REQRMNT	NL ,	NL -	MGD		3297773			1998	CONT	EST	
PH	REPORTD	*****	****		7.55	****	8.06	011	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	1875 ***** S. S. S. S. S.	Samilari da Maria		6.0	100 A ****	9.0	SU	530	5D/W	GRAB	A CONTRACTOR OF THE PROPERTY O
COPPER, TOTAL (AS CU)	REPORTD	****	*****		****	4.0	4.0	110/1	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	****	*****	i i	*****	NL	NL	UG/L	N 201	I/M	24HC	1
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	34.0	42.0		0	I/DAY	IS	
PARAM CODE: 080	REQRMNT	5 10 <b>6 1 6 1</b>	1000 P***** (1000 P)	1 1		NL	45	С	SON S	I/DAY	IS	6
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
	REORMNT	- 1 Con ***** Con Con Con Con Con Con Con Con Con Con	80 80 **** SS	1 1	\$00 <b>0000</b>	NL	NL NL	UG/L	28426	1/M	24HC	3
PARAM CODE: 186 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	*****		*****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>		0	1/M	GRAB	
PARAM CODE: 448	REQRMNT		100 100 100 100 100 100 100 100 100 100	1	*****	NL	NL	UG/L	4988	1/M	GRAB	3

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE				
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
CERTIFY UNDER PER UNDER MY DIRECTIO	NALTY OF LAW THAT THIS I	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER		
QUALIFIED PERSONN MY INQUIRY OF THE	EL PROPERLY GATHER AND PERSON OR PERSONS WHO P	EVALUATE THE INFORMATION OR THE	ON SUBMITTED, BASED ON	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE 80445				
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	O COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	IAT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
, , , , , , , , , , , , , , , , , , , ,									Page 7	

OMEC PROT	GA EIN	(1		DMR	REPO	RTING
				Co	ockrell C	reek
REEDV	ILLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	16-Jul-09	7:40	26.8	8.13	0.64	14
002	16-Jul-09	7:28	25.5	8.31	0.28	14
995	16-Jul-09	7:50	25.6	8.20	0.60	14
					×	

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD	DO	Amm	Temp	рΗ	-	Time of Sample	BOD	DO	Amm	Temp		Salinity
i		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	\$U T	ppt
1														
2														
3														
4														
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26														
27														
28														
29														
30	15:15	2.7	7.52	<0.1	27.4	7.28	16	15:20	5.5	7.22	0.17	27.2	7.62	15
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Smuggler's Pt.

Name of Sampler: Ted Schultz

### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

	Time of				-			Time of	=			_		
Date	Sample	BOD	DO (m=#)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
. 1		(mg/L)	(mg/L)	(IIIg/L)		30	ррі		(mg/L)	(IIIg/L)	(Mg/L)			
1														-
2														
3		<del></del>												
4									-					
5														
6														
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22					3									
23														
24														
25														
26														
27														
28														
29														
30	14:45	2.8	7.44	<0.1	27.7	7.10	16	14:50	6.9	7.25	0.28	27.9	8.23	15
31														
Date	Time of Sample		DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Tangier Is.

Name of Sampler: Ted Schultz

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME:

Omega Protein - Reedville

ADDRESS:

FACILITY

LOCATION:

PO Box 175

610 Menhaden Rd

Reedville, VA 22539

MONITORING PERIOD

VA0003867

PERMIT NUMBER

FROM

YEAR MO DAY 2009 05 01

YEAR MO DAY 2009 07 31

002

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	Total I have been a selection of the sel	SAMPLE	LAB CODE
	San Add	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	. OF ANALYSIS	TYPE	# SA SE
TOXICITY, FINAL, ACUTE	REPORTD	****	赤水棉水粉		****	市市市市市	<1.00	TU-A	0	1/3M	24HC	
PARAM CODE: 379	REQRMNT	wates <b>****</b>	D *****				14	10-A	線底	1/3M	'24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	.G.) OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
CERTIFY UNDER PE	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRI	CERTIFICATE NUMBER					
QUALIFIED PERSONN MY INQUIRY OF THE	INDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT UALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON IY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY		ON SUBMITTED, BASED ON DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	E 8044534211				
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI COMPLETE. I AM AWARE THE ON, INCLUDING THE POSSIBIL	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT					- California		
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 months	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
Section and Indian	a approved providence								Page 1	

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	**
Report Period: From <u>7/1/09</u> To <u>7/5/</u> 0	<b>=9</b>
Paint Area COMPI	LIANCE / NONCOMPLIANCE * (check as appropriate)
-	*
*Comments on Noncompliance	
Theodore Schultz / Technology Name of Principal Exec. Officer or Authorized	I Agent / Title
supervision in accordance with a system desi evaluate the information submitted. Based on or those persons directly responsible for gathe my knowledge and belief true, accurate and of	8/6/2009

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 7/6/09 To 7/13/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz /Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.		
VPDES Permit No.: VA0003867		A
Report Period: From 7/13/09 To	7/19/09	Á
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
9		
		*
*Comments on Noncompliance		
•	Technical Supervisor uthorized Agent / Title	
supervision in accordance with a system evaluate the information submitted. For those persons directly responsible my knowledge and belief true, accurately submitting false information, including U.S.C. paragraph 1001 and 33 U.S.C.	s document and all attachments were preparetem designed to assure that qualified personased on my inquiry of the person or persons for gathering the information, the information ate and complete. I am aware that there are given the possibility of fine and imprisonment for kill, paragraph 1319. (Penalties under these statement of between 6 months and 5 years).	who manage the system submitted is to the best of a significant penalties for nowing violations. See 18

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 7/20/09 To 7/24/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Technical Supervisor  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 712709 To 7131109
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS:

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

FACILITY LOCATION: 610 Menhaden Rd

FROM

2009

YEAR MO DAY MO DAY 08 31 08 10 2009

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

Parameter	7 1	QUANT	ITY OR LOADING		- In 1174	QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	3.220	4.254	an	非市水水市	****	****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	****	*****	****		1000	CONT	EST	
PH	REPORTD	****	****		7.26	非非非非	8.44	SU	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	100 S 100 TO 100			6.0	*****	9.0	30	9.00	3D/W	GRAB	100 mg
BOD5	REPORTD	133.4	457.3		****	<b>非水平率</b> 率	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	174 A	5.460 <b>****</b> ****	1426		(675)	3D/W	24HC	ā.
TSS	REPORTD	109.9	278.3		*****	****	****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	*****	*****			Service.	3D/W	24HC	
CL2, TOTAL	REPORTD	****	****		****	NR	NR	110/	0			
PARAM CODE: 005	REQRMNT	5	192, 29. <b>44.55</b> N. Mao	1		580	1200	UG/L	Q399	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	4.74	****		****	0.46	准非本本物	140#	0	I/W	24HC	
PARAM CODE: 012	REQRMNT	.23	*****	KG/D	***********	2.0	7 ****** (P. 10)	MG/L		I/W	24HC	8
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		*****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	(G) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sec		50 *****	96	110	UG/L		2/M	GRAB.	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	(K.G.) OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868				
		OCUMENT AND ALL ATTACK		TYPED OR PRIM	TED NAME	CERTIFICATE NUMBER				
MY INQUIRY OF THE	QUALIFIED PERSONNEL PROPERLY GATTIER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804-453-4211				
		COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	AT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY	
									Page	

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION

N 610 N

610 Menhaden Rd

FROM

YEAR	МО	DAY	l	YEAR	МО	DAY
2009	08	01	то	2009	08	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.			LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
AMMONIA, AS N	REPORTD	****	****		****	- 3.51	3.64	140.0	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	41.50 ·····	530 MM 282	1	*****	NL	NL NL	MG/L		2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	难水本水水		****	****	40.5		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	Maria Militaria	**************************************	1	100 mm	\$11.00 p. 1.10	50	C	9000	1/DAY	IS.	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>****</td><td>****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>****</td><td>****</td><td>*****</td><td></td><td>0</td><td>3D/W</td><td>GRAB</td><td></td></ql<>		****	****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	34 3000	N. 10 (1.00 (1.00)	****			3D/W	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868						
CERTIFY UNDER PE	NALTY OF LAW THAT THIS D	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DE	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	- CERTIFICATE NUMBER						
QUALIFIED PERSONN MY INQUIRY OF THE	UNDER NY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGETHE SYSTEM OR THOSE PERSONS DIRECTLY			PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	804-453-4211						
KNOWLEDGE AND BI	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE: I AM AWARE TH	AT THERE ARE SIGNIFICANT									
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 2			

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

**ADDRESS** 

PO Box 175 Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR МО DAY YEAR MO DAY 2009 08 10 2009 08 31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AVERAGE	MAXIMUM	TIMETO	The second secon					FREQUENCY		
		UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
0,177	0.367		<b>米乔亦非米</b>	专业水市本	***		0	CONT	MEAS	
NL	NL	MGD	••••	*****	######################################		3646	CONT	MEAS	2
*****	****		6.34	****	8.31	017	0	2D/W	GRAB	
1000	NL	NL NL	NL NL MGD	NL NL MGD	NL NL MGD	NL NL MGD	NL NL MGD	NL NL MGD ***** 8.31 0	NL NL MGD CONT 8.31 0 2D/W	NL NL MGD Exercise CONT MEAS

FROM

PARAM CODE: 002	REQRMNT	*****	*****		6.0	•••••	9.0		0000	2D/W	GRAB
BOD5	REPORTD	58.2	116.4		*****	*****	****		0	2/M	24HC
PARAM CODE: 003	REQRMNT	470	840	KG/D	*****	*****	****		\$100g	2/M	24HC
TSS	REPORTD	5.34	7.23		****	****	*****		0	2/M	24HC
PARAM CODE: 004	REQRMNT	160	410	KG/D	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1886 ***** 48 X 10			4	2/M	24HC
COLIFORM, FECAL	REPORTD	****	****		****	8.5	*****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	a sod v ditti	1. p. 30 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		*****	, NL	45 C	N/CML	4	1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.12	****	wan	*****	0.18	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	•••••	KG/D	*****	2.0	•••••	WIGIL	200	I/W	24HC
AMMONIA, AS N	REPORTD	****	****		*****	4.4	8.7	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT	****	****	1	*****	38	45	IVIG/L	(62) (B	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz	1911004868			
UNDER MY DIRECTIC	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	ER	
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211	
KNOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND	O COMPLETE, I AM AWARE TH DON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	& 1319. (Pennities under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо,	DAY
									Page 3

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

PO Box 175

Reedville, VA 22539

VA0003867 002

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM 2009

MO

08

DAY

01

YEAR MO DAY

TO 2009 08 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	ITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		LAB CODE
Thought and the same of		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	n names of the
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	29.8	31.9		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	(1) (1) <b>(1) (1)</b>	*****	1 1	0.000 *******	NL I	NL	C	2.00	2D/W	IS	Š.
ENTEROCOCCI	REPORTD	****	****		*****	2.6	非非非非	) // (C) //	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT				Charles Tarres	NL NL		N/CML	V.S.V	1/W	GRAB	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>水准堆牵米</td><td>****</td><td>水塘市水南</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>水准堆牵米</td><td>****</td><td>水塘市水南</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		水准堆牵米	****	水塘市水南		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46	KG/D	*****	\$150 <b>*****</b> 的不死	*****	6	2563	2/M	GRAB	7.5

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCUREN		TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND OVERFLOWS	0	1.57	0	0	Theodore	Schultz	ā-	1911004868		
CERTIFY UNDER PE	NALTY OF LAW TH	AT THIS D	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	RTIFICATE NUMBE	R	
QUALIFIED PERSONN MY INQUIRY OF THE	IEL PROPERLY GAT PERSON OR PERSO	IIER AND NS WIIO N	EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCUI	ATE AND	COMPLETE. I AM AWARE TH	AT THERE ARE SIGNIFICANT						
INTER ISONMENT FOR	KNOWING VIOLAT	IONS, SEE	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1001 AND 33 U.S.C Imprisonment of between 6 month	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
statutes may merune min	es up to 310,000 and or	Historia	angus constant of between a manual							Page 4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

003

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD МО DAY YEAR YEAR МО DAY 2009 08 01 2009 08 31 FROM TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

VA0003867

Parameter	T T	QUANT	ITY OR LOADING			QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE	LAB COD
T III AMERICA		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	177. 3111
FLOW	REPORTD	****			水布承床水	*****	****					
PARAM CODE: 001	REQRMNT	NL LA	NL NL	MGD	Table Village Co.		And the second		100	CONT	EST	4
PH	REPORTD	****	****		****	*****	*****	011				
PARAM CODE: 002	REQRMNT	*****			6.0	20.25	9.0	SU	136	2/M	GRAB	4.
BOD5	REPORTD	****			****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	****			2/M	24HC	i.
TSS	REPORTD	****			****	*****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D		••••	7,000,000,000,000			2/M	24HC	4
DO	REPORTD	****	*****		****	****	****					
PARAM CODE: 007	REQRMNT		023 90184 1493 598		NL.	NL TO	W. N. W. W. 1871	MG/L	96.87	1/DAY	GRAB	150
PHOSPHORUS, TOTAL (AS P)	REPORTD	**************************************	****		****	****	****	1407				
PARAM CODE: 012	REQRMNT	3.0		KG/D	# 100 m 100	2.0		MG/L	236	I/W	24HC	ž.
AMMONIA, AS N	REPORTD	*****	****		****	****	****	MG/L				
PARAM CODE: 039	REQRMNT	0.000 <b>****</b>	*****		*****	37	.45	WIG/L	9889	2/M	24HC	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS;

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPO	ONSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACH DRIDANCE WITH A SYSTEM DE DEVALUATE THE INFORMATIO	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
MY INQUIRY OF THE	PERSON OR PERSONS WHO	MANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY		

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT FERALTIES FOR SUBMITTION FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE IS U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804-453-4211				
TYPED OR PRINTED NAME	SIGNATURE	1	YEAR	Mo.	DAY		
TITED ON I KINTED NAME	BIGINITORB				Page 5		

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

MONITORING PERIOD

YEAR MO DAY YEAR

08

2009

FROM

VA0003867

PERMIT NUMBER

YEAR MO DAY 2009 08 31

003

DISCHARGE NUMBER

FACILITY

ADDRESS

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

01

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING	Aug =		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	The Village and Control of the	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	*****	****		1			
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL	C	17.000	1/DAY	. IS	Ĭ.
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	****	妆妆章母章		班班班班	<b>水水水水</b>	*****	UG/L				
PARAM CODE: 442	REQRMNT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				, NL	NL	UG/L		1/M	GRAB	
OIL & GREASE	REPORTD	****			****	****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	Kinds of the River II.	******	1.00			2/M	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
OVERFLOWS				Theodore Sc	hultz		1911004868		
INDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINT	TED NAME	CER	TIFICATE NUMBE	R	
IY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION MANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
NOWLEDGE AND BE	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IPRISONMENT FOR		18 U.S.C. & 1001 AND 33 U.S.C.	2. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 995

PERMIT NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR	МО	DAY	1 1	YEAR	МО	DAY
2009	08	01	то	2009	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING		BALL PAR	QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	3.188	4.212		****	****	非非水市市		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	200 Miles	••••	****		2000	CONT	EST	1
PH	REPORTD	****	****		7.32	****	8.07	eri	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT		*****		6.0	*****	9.0	SU		5D/W	GRAB	1
COPPER, TOTAL (AS CU)	REPORTD	****	****		****	9.3	9.3		0	I/M	24HC	
PARAM CODE: 019	REQRMNT	44	*****		344 P. S. S. S. S.	NL	NL NL	₩ UG/L	2005	/ /- 1/M 00°	24HC	1
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		<b>本水水</b> 草原	37.5	42.4		0	I/DAY	IS	
PARAM CODE: 080	REQRMNT		17250 F **** 975 MA	1	Son a Profit Issail	NL NL	45	C	2000	I/DAY	IS	\$
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td>710#</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>710#</td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>	710#	0	1/M	24HC	
PARAM CODE: 186	REQRMNT	10.0 marter 10.0 mark	FROM STATE		# 45*****	NL	NL NL	UG/L	2000	I/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****		****	14.5	14.5	****	0	1/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	••••			NL	NL	UG/L	1000	I/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESP	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBI	R	
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	OCOMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR I	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 month	. & 1319, (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 7

OMEO PROT	GA +			DMR	REPO	RTING
NOT	LIIV				ockrell C	
REEDV	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	4-Aug-09	13:15	32.8	7.79	1.02	15.0
002	4-Aug-09	13:10	33.9	7.77	0.19	15.0
995	4-Aug-09	13.:20	32.7	7.84	0.620	15.0

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
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31	15:30	<2.87	6.28	<0.1	27	8.15	16	15:35	<2.87	6.13	<0.1	27.1	8.38	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Dempster

Name of Sampler: Ted Schultz

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
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31	14:05	<2.87		<0.1	27.1	8.05	16	14:10	<2.87	6.21	<0.1	27.5	8.31	16
Date	Time of Sample		DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample		DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Earl Conrad

Name of Sampler: Ted Schultz

Address: Reedville, VA.	14) 14)
VPDES Permit No.: VA0003	
Report Period: From 8 /1 /0	9 To 8/9/09
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
=	
*Comments on Noncompliance	2
Theodore Schulz Name of Principal Exec. Office	er or Authorized Agent / Title
supervision in accordance with evaluate the information submor those persons directly resport which will be submitting false information, in U.S.C. paragraph 1001 and 33 to \$10,000 and or maximum in	nat this document and all attachments were prepared under my direction or a system designed to assure that qualified personnel properly gather and itted. Based on my inquiry of the person or persons who manage the system ensible for gathering the information, the information submitted is to the best of accurate and complete. I am aware that there are significant penalties for accluding the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up imprisonment of between 6 months and 5 years).
~.2	

Facility Name: Omega Protein Address: Reedville, VA.		
VPDES Permit No.: VA0003867		
Report Period: From 2117/69 To	2123109	
Paint Area	COMPLIANCE / NONCOMPLIANCE (check as appropriate)	*
		_
		=
<u> </u>		=
		=
*Comments on Noncompliance		
Thecdore Sch Name of Principal Exec. Officer or A	Authorized Agent / Title	Supervisor
supervision in accordance with a sy evaluate the information submitted. or those persons directly responsible my knowledge and belief true, accu submitting false information, includir U.S.C. paragraph 1001 and 33 U.S.C to \$10,000 and or maximum imprison.		ons who manage the system on submitted is to the best of are significant penalties for knowing violations. See 18 statutes may include fines up
Signature of Principal Officer or Aut	House Aldern Land	

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 8/24/09 To 8/31/09
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schultz - Technical Supervisor.  Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

## Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD	DO	Amm	Temp	ρН	Salinity	Time of Sample	BOD	DO	Amm	Temp	рН	Salinity
		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt
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28								-	-	-	-	-	-	-
29			-			<u> </u>						+	-	
30								ļ	-		+		0.04	16
31	14:05	<2.87			27.1	8.05		14:10 / Time of	<2.87		<0.1 Amm	27.5 Temp	8.31 pH	Salinity
Date	Time o		DO ) (mg/L	Amm ) (mg/L	Temp ) °C	pH (SU)	Salinity ppt	Sample					(SU)	

Name of Vessel: Earl Conrad

Name of Sampler: Ted Schultz

AttachmentHandler.ashx

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

## Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
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29														
30														
31	15:30	<2.87	6.28	<0.1	27	8.15	16	15:35	<2.87		<0.1	27.1	8.38	16
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Dempster

Name of Sampler: Ted Schultz

AttachmentHandler.ashx

PARAM CODE: 002	REQRMNT	47. W	10 March 1985		6.0	*****	9.0		1880	2D/W	GRAB	
BODS	REPORTD	14.5	26.9		*****	*****	****		0	2/M	24HC	
ARAM CODE: 003	REQRMNT	470	840	KG/D		4.5 <b></b>	****		13.00	2/M	24HC	
rss	REPORTD	2.2	2.7	w.c.m	****	****	*****		0	2/M	24HC	
ARAM CODE: 004	REQRMNT	160	410	KG/D	*****	0.619.7******	*****			2/M	24HC	
COLIFORM, FECAL	REPORTD	****	****		*****	I	申申申申	2000	0	1/W	GRAB	
PARAM CODE; 006	REQRMNT	*****	*****		LOVA MATERIAL IN	NL NL	****	N/CML	1000	1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	0.05	****		*****	0.09	水甲苯苯甲	1107	0	1/W	24IIC	
PARAM CODE: 012	REQRMNT	1.9	2010 2 **** 1 3 × 8	KG/D	****	2.0	68 W W 38 38 74	MG/L	74807	1/W	24HC	
AMMONIA, AS N	REPORTD	****	*****		****	14.1	15.6	140/5	0	2/M	24HC	
RAM CODE: 039	REQRMNT	1878 ( 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			145 <b>****</b>	38	45	MG/L	188	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	PONSIBLE CHARGE					
OVERFLOWS	0	0	0	Theodore	Schultz	1911004868					
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBE	ER			
MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO N ATHERING THE INFORMATIO	IANAGE THE SYSTEM OR THO	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 804-453-4211						
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TIL	AT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE is up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME		YEAR	MO.	DAY			
The state of the s									Page 3		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

DAY

01

FACILITY LOCATION

610 Menhaden Rd

YEAR МО 2009 09 FROM

YEAR MO DAY 2009 09 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	ITY OR LOADING			QUALITY OR CON	CENTRATION	- C	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	WEST TELEVISION
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	24.8	28.2		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	Single Military	4000 V 1111 Library		****	NL	NL	С	2800	2D/W	. IS	
ENTEROCOCCI	REPORTD	****	****		*****	91.6	****		0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	*****	****	1	****	NL.	*****	N/CML		1/W	GRAB	
OIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td></td><td>*****</td><td><b>柳柳柳柳</b></td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>*****</td><td><b>柳柳柳柳</b></td><td>****</td><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		*****	<b>柳柳柳柳</b>	****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	-25	46	KG/D		34 (1977)	LJ 2017 ***** 18 LJ 201		0.99	2/M	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH	IMENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONN	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	MITTING FALSE INFORMATIONS, SEE KNOWING VIOLATIONS, SEE IN UP 10 \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	, & 1319, (Penaltics under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Statutes may menuse min	a up to 310,000 and to maximum	and assume at a same some in some							Page 4

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS PO Box 175

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

VA0003867 003
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

DAY | YEAR | MO | DAY | 101 | TO | 2009 | 09 | 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### NO DISCHARGE: X

09

2009

FROM

Parameter		OUAN'	TITY OR LOADING	3 - 1 2	8	QUALITY OR CON	CENTRATION		NO.	FREQUENCY .	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	TO YES
FLOW	REPORTD	水水水水市		1	****	****	****					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	100 J. W. J. C.	*****	*****		200	CONT	EST	8
PH PH	REPORTD	****	*****		永本本本本	****	****	SU	T			
PARAM CODE: 002	REQRMNT	oko (afir <b>ita).</b> Menerija	d (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b		6.0	*****	9.0	50	743	2/M	GRAB	ź
BOD5	REPORTD	****			****	非审示字章	水水水水水					T
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	40.00.000	ide jitti takor	400 M. T. C. S.		16600	2/M	24HC	8
TSS	REPORTD	*****			****	****	*****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	*****	T. 100 ****	*****		1000	2/M	24HC	ē.
DO	REPORTD	****	****		****	****	****	100				1
PARAM CODE: 007	REQRMNT		*****		NL	NL	*****	MG/L	4000	I/DAY	GRAB	S.
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	****		****	非非安全市	****	140/			4.	1
PARAM CODE: 012	REQRMNT	3.0	A PROMINER	KG/D	MERCHANICAL V	2.0	•••••	MG/L	V.	1/W	24HC	8
AMMONIA, AS N	REPORTD	****	****		非非和非	****	*****	140/				
PARAM CODE; 039	REQRMNT	**************************************	A PART OF STREET			37	45	MG/L	828	2/M	24HC	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPO	NSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACH DRDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
		EVALUATE THE INFORMATION  MANAGE THE SYSTEM OR THO			

### COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

### DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR МО DAY

01

FACILITY LOCATION:

610 Menhaden Rd

FROM

2009

09

YEAR MO DAY 2009 09 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	In I	OUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
1 di anioco	1 200	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	E III ME I
FLOW	REPORTD	3,065	4.254		****	****	****		0	CONT	EST	
2.	REQRMNT	NL year	NL NL	MGD	•••••	145 1 *****	*****	1	0.580	CONT	EST	2
PARAM CODE: 001	REPORTD	****	****		6.91	*****	7.88	011	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	LANGER ***** 72 KN94 K		i i	6.0	10 To 10 To	9.0	SU	Service Land	3D/W	GRAB	8
BODS	REPORTD	489.3	1554		****	****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D	a	14 ( 4 **** 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	****		100	3D/W	24HC	8
TSS	REPORTD	385.1	1402		*****	*****	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	*****	6 ***** S7.86		1	200	3D/W	24HC	š
CL2, TOTAL	REPORTD	****	***		****	NR	NR	UG/L	0	1/D-D	GRAB	
PARAM CODE: 005	REQRMNT	57a Suc ***** 75.74.58	San Committee of	1 1	*****	580	1200	UG/L	Q165.1	I/DAY	GRAB	8
PHOSPHORUS, TOTAL (AS P)	REPORTD	8.3	****		****	0.66	非常未未	1400	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	GC 9501 ****** 1508 X	KG/D	10 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.0		MG/L	pitely	1/W	24HC	8
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td>110#</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td>110#</td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>	110#	0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	NORSH SAME		••••••	96	110	UG/L	120	2/M	GRAB	2

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	SOCUMENT AND ALL ATTACH DRDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBE	R	
QUALIFIED PERSONS MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION OF THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	453-4211	
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBM O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
Matures may include the	es aftern 4 tarbana quener maximum	Inquisconnant vi dani dan di monte	r, 1011, 7 4 3710-9.						Page 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME **ADDRESS**  Omega Protein - Reedville

PO Box 175

Recdville, VA 22539

VA0003867 001 DISCHARGE NUMBER PERMIT NUMBER

MONITORING PERIOD

DAY

01

FACILITY

LOCATION

610 Menhaden Rd

МО YEAR 09 2009 FROM

DAY YEAR МО 2009 09 30 TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
AMMONIA, AS N	REPORTD	****	****		*****	6,86	8.75	MOU	0	2/M	24HC	
PARAM CODE: 039	REQRMNT	••••	•••••		*****	NL	NL	MG/L		2/M	24HC	
	REPORTD	*****	*****		*****	<b>水</b> 磨珠水柳	38.4	-	0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	****	*****			****	50	C	18,000	1/DAY	IS:	Š
OIL & GREASE	REPORTD	54.1	379		****	****	非非非非		0	3D/W	GRAB	9
PARAM CODE: 500	REQRMNT	370	680	KG/D		0.000 <b>.000</b>			Singi	3D/W.	GRAB	ē.

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
I CERTIFY UNDER PE	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH	MENTS WERE PREPARED SIGNED TO ASSURE THAT	TYPED OR PRIM	TED NAME	CER	TIFICATE NUMBE	R	A.
QUALIFIED PERSONN MY INDUIRY OF THE	IEL PROPÈRLY GATHER AND PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED. BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND BI	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
								27	Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS

LOCATION

PO Box 175

Reedville, VA 22539

**FACILITY** 

610 Menhaden Rd

FROM

YEAR МО DAY 2009 09 01

VA0003867

PERMIT NUMBER

YEAR DAY MO 30 2009 09

002

DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	21 1	QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION	ust Mes	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	0.161	0.258		****	*****	****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD	235490 <b>11</b> 504053		*****		\$340	CONT	MEAS	sf.
PH	REPORTD	*****	*****		6.12	*****	7.97	SU	0	2D/W	GRAB	

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY INDOMESIGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these natutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OR AUTHORIZED AGENT	TELEPHONE	YEAR MO.		
	1	3770.470	I wo I	DAW
SIGNATURE		YEAR	MO.	DAY Page 5
AL EXECUTIVE OFFICER OR AUTHORIZED AGENT  R PRINTED NAME SIGNATURE				

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

**FACILITY** LOCATION

610 Menhaden Rd

VA0003867 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR МО DAY 2009 09 30 2009 09 01

003

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### NO DISCHARGE: X

Parameter		QUANTI	ITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY		LAB CODI
	7-20	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE.	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		华州市市水	****	****					
PARAM CODE: 080	REQRMNT	Server Control of the Server	ROA """ Leegan		\$3.50 <b>.1111</b>	NL:	NL NL	C	(1)	1/DAY	is	
COPPER, DISSOLVED (UG/L AS	REPORTD	****	****		****	****	****					
CU) PARAM CODE: 442	REQRMNT	*****	****		•****	NL	NL	UG/L	1383	1/M	GRAB	
OIL & GREASE	REPORTD	*****			****	****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	E 200 200 100 100 100 100 100 100 100 100	*****	SEAR 2010		1000	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore	Schultz		1911004868		
		OCUMENT AND ALL ATTACK ORDANCE WITH A SYSTEM DE		TYPED OR PRI	NTED NAME	CER	TIFICATE NUMB	ER	
MY INQUIRY OF THE	PERSON OR PERSONS WHO M	EVALUATE THE INFORMATION OR THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	80-	4-453-4211	
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND	ON, THE INFORMATION SUBMI O COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	AT THERE ARE SIGNIFICANT				· · · · · · · · · · · · · · · · · · ·		
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penulties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 995 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

**FACILITY** 

LOCATION

610 Menhaden Rd

YEAR МО DAY 2009 09 01 FROM

YEAR МО DAY 2009 09 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	V 13	QUANT	ITY OR LOADING	ME N.	Character Street	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
TO THE REAL PROPERTY OF THE PARTY OF THE PAR	100 ct -	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	10 miles
FLOW	REPORTD	2.708	4,037		非非常难称	****	***		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD		W. 1885 11 12 12			1000	CONT	EST	
РН	REPORTD	****	****		6.91	*****	7.88		0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	esten succession	*****		6.0	2850 MM 3600	9.0	SU	1.000	SD/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	****	*****		****	5.6	5.6		0	1/M	24HC	
PARAM CODE: 019	REQRMNT		refreshing to the		*****	NL	NL .	UG/L	3004	1/M	24HC	5
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		水水果棉林	30.5	34.3	_	0	I/DAY	15	
PARAM CODE: 080	REQRMNT	••••	****	1		NL	45	С	1000	I/DAY	IS	1
SILVER, TOTAL RECOVERABLE	REPORTD	*****	****		****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
PARAM CODE; 186	REQRMNT	A		1	5 0 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NL	NL	UG/L	10000	I/M	24HC	â.
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	<b>非市市市</b>	****		****	12.4	12.4		0	I/M	GRAB	
PARAM CODE: 448	REQRMNT	*****	*****			NL	NL IS	UG/L	Mary .	I/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868				
		OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE		TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER			
MY INQUIRY OF THE	PERSON OR PERSONS WITO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211			
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND		TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 months	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		
									Page 7		

OMEG	GA FIN			DMR	REPO	RTING
1101	DIA TEL			Co	ockrell C	reek
REEDVI	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	9-Sep-09	8:28	26.3	7.28	0.26	16
002	9-Sep-09	8:20	26.0	7.34	0.20	16
995	9-Sep-09	8:35	27.4	7.28	1.050	16
		- 11111				
		· · · · · · · · · · · · · · · · · · ·				

### Chesapeake Bay Water Quality Monitoring Data

### Predischarge

After Discharge

Date	Time of Sample	BOD	DO	Amm	Temp	pН		Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
1		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(Hig/L)	$\overset{\circ}{-}$		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14											L			
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20														
21														
22														
23														
24														
25														
26														
27			74											
28														
29														
30	17:00	<2	9.54	<0.1	21.7	8.09	18	17:10	<2	9.60	<0.1	21.9	8.17	18
31														
Date	Time of	BOD	DO	Amm	Temp	pН	Salinity	Time of	BOD	DO	Amm	Temp °C	pH (SU)	Salinity
	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)		(30)	ppt

Name of Vessel: Dempster

Name of Sampler: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.	× ·
VPDES Permit No.: VA0003867	
Report Period: From 9/1/09 To	<u>9161</u> 09
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
FERROLL STATES	
3	
*Comments on Noncompliance	
Theodore Schultz /7 Name of Principal Exec. Officer or Aut	horized Agent / Title
supervision in accordance with a syste evaluate the information submitted. Ba or those persons directly responsible fo my knowledge and belief true, accurate submitting false information, including t U.S.C. paragraph 1001 and 33 U.S.C. p	document and all attachments were prepared under my direction or em designed to assure that qualified personnel properly gather and used on my inquiry of the person or persons who manage the system or gathering the information, the information submitted is to the best of e and complete. I am aware that there are significant penalties for he possibility of fine and imprisonment for knowing violations. See 18 paragraph 1319. (Penalties under these statutes may include fines up

Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 917109 To 9113109
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schuttz / Technica/ Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	8
Report Period: From 9/14/09 To 9/	120107
Paint Area <u>CC</u>	OMPLIANCE / NONCOMPLIANCE * (check as appropriate)
X	
	*
*Comments on Noncompliance	
Theodore Schultz - Te Name of Principal Exec. Officer or Authoriz	red Agent / Title
evaluate the information submitted. Based or those persons directly responsible for gathing knowledge and belief true, accurate and submitting false information, including the polys. C. paragraph 1001 and 33 U.S.C. parago \$10,000 and or maximum imprisonment.	ment and all attachments were prepared under my direction or esigned to assure that qualified personnel properly gather and on my inquiry of the person or persons who manage the system hering the information, the information submitted is to the best of complete. I am aware that there are significant penalties for essibility of fine and imprisonment for knowing violations. See 18 raph 1319. (Penalties under these statutes may include fines up of between 6 months and 5 years).
ignature of Principal Officer or Authorized	Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	26
Report Period: From 9/11/09 To 9	<u>1301</u> 09
Paint Area C	OMPLIANCE / NONCOMPLIANCE * (check as appropriate)
	( <del></del>
*Gomments on Noncompliance	
Theodore Schultz /	Technical Supervisor rized Agent / Title
supervision in accordance with a system evaluate the information submitted. Base or those persons directly responsible for g my knowledge and belief true, accurate a submitting false information, including the U.S.C. paragraph 1001 and 33 U.S.C. par to \$10,000 and or maximum imprisonments.	nument and all attachments were prepared under my direction or designed to assure that qualified personnel properly gather and d on my inquiry of the person or persons who manage the system athering the information, the information submitted is to the best of and complete. I am aware that there are significant penalties for possibility of fine and imprisonment for knowing violations. See 18 agraph 1319. (Penalties under these statutes may include fines up nt of between 6 months and 5 years).
Signature of Principal Officer or Authorize	ed Agent / Date
organizate of Francipal Officer of Admonate	a Agent Date

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 001 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 2009 10 31 2009 10 01

FACILITY LOCATION:

610 Menhaden Rd

1 Kd

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road
Glen Allen, VA 23060

Parameter		QUANT	TTY OR LOADING	2.4		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	THE ALL C
FLOW	REPORTD	3.056	4.254		非非非常	****	不存在本书		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	*****	*****	*****	i	20158	CONT	EST	á
PH	REPORTD	***	****		7.34	*****	8.02	611	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****	1 1	6.0	*****	9.0	SU		3D/W	GRAB	<b>a</b>
BOD5	REPORTD	88.3	361.1		****	****	****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT-	1700	3100	KG/D	1.3011110.005	*****	2,016 107 10 TO		100	3D/W	24HC	<i>5</i>
TSS	REPORTD	101.6	192.4		班班水班	非非水市市	****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D	Austo : 151 5 Social	*****	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8542	3D/W	24HC	ě
CL2, TOTAL	REPORTD	非非非市市	****		非非外非	NR	NR	, , , o, r	0	1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	Chesta Co. Pares	Salar Title	1 1	Suggisted and or	580	1200	UG/L	10/20	I/DAY >	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	1.78	****	1	*****	.20	****	140/	0	I/W	24HC	
PARAM CODE: 012	REQRMNT	23	COLUMN TO SERVE	KG/D	100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST. 100 ST	2.0	*****	MG/L	42.80	1/W	24HC	Ā
CYANIDE, TOTAL (AS CN)	REPORTD	摩摩摩摩	****	T	*****	<10	<10		0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	*****	*****	1 1		96	110	UG/L =	100	2/M	GRAB	8

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868				
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACK ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	ER			
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATE MANAGE THE SYSTEM OR THE IN, THE INFORMATION SUBMI	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211			
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT								
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319 (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		
***************************************	-W								Page 1		

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME **ADDRESS**  Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

01

FACILITY

LOCATION

610 Menhaden Rd

YEAR МО DAY 2009 10 FROM

YEAR МО DAY 2009 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	X0	QUANTI	TY OR LOADING		B Republic	QUALITY OR CON-	CENTRATION	100	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	111131
AMMONIA, AS N	REPORTD	****	中华本市中		李坤朱本市	.47	.50	140#	0	2/M	24HC	
PARAM CODE: 039	REQRMNT				MAR *****	NL:	NL 1	MG/L	289	2/M	24HC	
	REPORTD	****	****		*****	中水水水中	33.4		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	aysyar <b>iii</b> iaaaay	****		and the same	d in All March	50	C	200	I/DAY	IS	
OIL & GREASE	REPORTD	<10	<10		****	*****	****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D	*****		S. A		SPA	3D/W	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore	Schultz	1911004868			
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS DON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBE	R	
MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	AANAGE THE SYSTEM OR TH	DSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	TTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C	& 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Lincoln	and the second s								Page 2

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

**ADDRESS** PO Box 175

Reedville, VA 22539

VA0003867 002 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR МО DAY

FACILITY LOCATION

610 Menhaden Rd

FROM

2009

10

01

YEAR MO DAY 2009 10 31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	QUANT	CI-	QUALITY OR CONCENTRATION				NO.	FREQUENCY		LAB CODE	
S =0 /	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
REPORTD	.147	.209	MGD	****	南南南水水	****		0	CONT	MEAS	88
REQRMNT	NL	NL		*****	\$100 C \$100 C \$100 C	*****		100	CONT-	MEAS	
REPORTD	*****	*****		6.17	*****	7.19		0	2D/W	GRAB	
	REQRMNT	AVERAGE REPORTD .147 REQRMNT NL	REPORTD .147 .209 REQRMNT NL NL NL	AVERAGE         MAXIMUM         UNITS           REPORTD         .147         .209         MGD           REQRMNT         NL         NL         MGD	AVERAGE   MAXIMUM   UNITS   MINIMUM	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE REPORTD .147 .209 MGD ******  REQRMNT NL NL MGD ******	AVERAGE         MAXIMUM         UNITS         MINIMUM         AVERAGE         MAXIMUM           REPORTD         .147         .209         ******         ******         ******           REQRMNT         NL         NL         MGD         ******         ******	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX.	AVERAGE   MAXIMUM   UNITS   MINIMUM   AVERAGE   MAXIMUM   UNITS   EX. OF ANALYSIS	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS TYPE REPORTD .147 .209 MGD ***** ***** 0 CONT MEAS REQRMNT NL NL NL ***** 7.19 0 2D/W GRAB

PARAM CODE: 002	REQRMNT	•••••	N. (14.14.14.14.14.14.14.14.14.14.14.14.14.1		6.0	****	9.0		9850	2D/W	GRAB
BOD5 PARAM CODE: 003	REPORTD	2.94	2.99	KG/D	*****	*****	****		0	2/M	24HC
	REQRMNT	470	840		Sea Present Africa	******	**************************************		N. 18	2/M	24HC
TSS PARAM CODE: 004	REPORTD	14.4	27.9	KG/D	****	****	*****		0	2/M	24HC
	REQRMNT	160	410		A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Time to \$200 experter	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		St. A.	2/M	24HC
COLIFORM, FECAL	REPORTD	**************************************	****		****	39	****	MOM	0	I/W	GRAB
PARAM CODE: 006	REQRMNT	S Compa <b>tition</b>	60464 ******** A 6		16 00 <b>11 11</b> 12 1 1 1	NL NL	\$65 P*********	N/CML	9450)	1/W-1-1/W-1	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	.06	****		****	.10	*****	NOT	0	1/W	24HC
PARAM CODE: 012	REQRMNT	1.9	*****	KG/D	645 94 <b>5555</b>	2.0	****	MG/L	388	1/W	24HC
AMMONIA, AS N	REPORTD	****	非非常未非		****	21.0	23.2	MOII	0	2/M	24HC
PARAM CODE: 039	REQRMNT	*****			*****	38	45	MG/L	***	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE									
OVERFLOWS	0	0	0	Theodore	Schultz	1911004868							
CERTIFY UNDER I PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY				TYPED OR PRI	NTED NAME	CERTIFICATE NUMBER							
				PRINCIPAL EXECUTIVE OFFIC	TELEPHONE		8044534211						
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT										
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 months	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY				
									Page 3				

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

DRESS PO Box 175

Reedville, VA 22539

VA0003867 002
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION 610 Menhaden Rd

FROM

YEAR MO DAY YEAR MO DAY 2009 10 01 TO 2009 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	100	LAB CODE
	A 2	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	*****		****	18.8	25		0	2D/W	IS	
PARAM CODE: 080	REQRMNT	2000 **********************************	****		447 <b>****</b> (C) (5)	NL	NL	C	Sec	2D/W	is is	
ENTEROCOCCI	REPORTD	*****	****		****	935	****	2110111	0	I/W	GRAB	
PARAM CODE: 140	REQRMNT		where the same y		prosperit statement	NL	16 (2) E. ****** U. 164.7.	N/CML	<b>100</b>	I/W	GRAB-	
OIL & GREASE	REPORTD	<10	<10		****	****	****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46	KG/D		44 7 <b>41 "</b> 2063	375 ( *****		3.35	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE								
OVERFLOWS	0	0	0	Theodore	Schultz		1911004868						
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	THAT TYPED OR PRINTED NAME									
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	IANAGE THE SYSTEM OR THO	SE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	4534211					
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT										
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	& 1319, (Penalties under these	TYPED OR PRINTED NAME SIGNATURE YEAR MO.									

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

**FACILITY** 

LOCATION

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

610 Menhaden Rd

MONITORING PERIOD

YEAR

VA0003867

PERMIT NUMBER

DAY MO DAY YEAR MO 01 2009 10 31 10

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

2009

FROM

Parameter		QUAN'	TITY OR LOADING			QUALITY OR CON	CENTRATION	3.5	NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	Bur Mai
FLOW	REPORTD	米米米米			****	****	*****					
PARAM CODE: 001	REQRMNT	NL	NL 1	MGD	(10.101 <b>1111</b> 1111111111111111111111111111	1000	*****		944.43	CONT	EST	8
PH	REPORTD	用水水水水	****		****	****	****	***				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	661.75 <b>.111</b> 2.00	9.0	SU	980	2/M	GRAB	8
BOD5	REPORTD	南水水水市			*****	****	****					
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	*****	*****		3625	2/M	24HC	4
TSS	REPORTD	*****			****	****	****					
PARAM CODE: 004	REQRMNT	110	280	KG/D	000 ****		10 mm		2833	2/M	24HC	(A)
DO	REPORTD	*****	****		****	非非非非	不可亦亦亦					
PARAM CODE: 007	REQRMNT	oligi ev ****** kari	k elen Little sog ko		NL NL	NL	56 3 5 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MG/L	J. G.	I/DAY	ORAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	*****		*****	电水水水池	*****					1
PARAM CODE: 012	REQRMNT	3.0	Walter Transport	KG/D	******	2.0	****	MG/L	368	I/W	24HC	F.
AMMONIA, AS N	REPORTD	****	****		*****	市班水水水	专作和资本					
PARAM CODE: 039	REQRMNT	*****	•••••	1	550 P*****	37	45	MG/L	1239115	2/M	24HC	9

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE								
OVERFLOWS		Theodore Schultz 1911004868										
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	DRDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER							
	NEL PROPERLY GATHER AND PERSON OR PERSONS WIIO N											

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	80	44534211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Page 5

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS

**FACILITY** 

LOCATION

Omega Protein - Reedville

PO Box 175

610 Menhaden Rd

Reedville, VA 22539

FROM

МО DAY YEAR 2009 01 10

YEAR MO DAY 2009 10 31

003

DISCHARGE NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

VA0003867

PERMIT NUMBER

Parameter	1200	QUANTI	TY OR LOADING	The same		QUALITY OR CON-	CENTRATION	100	NO.	FREQUENCY	SAMPLE	LAB CODE
	S SOUTH	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	****	****					
PARAM CODE: 080	REQRMNT		*****	1	*****	NL	NL	C	4.48	I/DAY	IS,	Ā
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	布非歌歌歌	****		****	育水原亦非	本庫東東市	UG/L				
PARAM CODE: 442	REQRMNT					NL	NL	OG/L	64689 65506	1/M	GRAB	4
OIL & GREASE	REPORTD	****			****	市本水水市	中中市市市					
PARAM CODE: 500	REQRMNT	430	780	KG/D	****	ence and the	*****	165	27	2/M	GRAB	Š.

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS				Theodore S	Schultz		1911004868			
		OCUMENT AND ALL ATTACE PRDANCE WITH A SYSTEM DE		TYPED OR PRI	VTED NAME	CER	TIFICATE NUMBI	ER		
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	80	44534211		
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY  IAT THERE ARE SIGNIFICANT  ITTY OF FINE AND		·					
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY	
									Page 6	

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT) NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION

610 Menhaden Rd

FROM YEAR MO DAY YEAR MO DAY 2009 10 01 TO 2009 10 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	ITY OR LOADING	3(4.)		QUALITY OR CON	CENTRATION	Nº.	NO.	FREQUENCY	SAMPLE	LAB CODE
A A A A A A A A A A A A A A A A A A A		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	, Persent
FLOW	REPORTD	3.026	4.212		*****	****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL %	NL	MGD	1480 <b>177</b> 180 2		*****		400	CONT	EST	
РН	REPORTD	*****	水蜂非水水		7.40	明明原水市	8.16		0	5D/W	GRAB	1
PARAM CODE: 002	REQRMNT	*****	*****		6.0	****	9.0	SU	2000	5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	****	****		*****	5.2	5.2	LIO!	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	10 m 12 ***** 14 m 15	*****		****	NL	NL	UG/L	myst.	1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	水水堆单本		市水水水水	27.6	36.0		0	1/DAY	IS	
PARAM CODE: 080	REQRMNT	6 S	(	1 1	ren di Malan e	NL	45	C	WOLL.	1/DAY	IS	1
SILVER, TOTAL RECOVERABLE	REPORTD	****	****		*****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
PARAM CODE: 186	REQRMNT	*****	*****			NL	NL	UG/L	10T 10 E	1/M	24HC	1
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****		****	<ql< td=""><td><ql< td=""><td>1100</td><td>0</td><td>I/M</td><td>GRAB</td><td>1</td></ql<></td></ql<>	<ql< td=""><td>1100</td><td>0</td><td>I/M</td><td>GRAB</td><td>1</td></ql<>	1100	0	I/M	GRAB	1
PARAM CODE; 448	REQRMNT	100000	*****		*****	NL	NL	UG/L	250	I/M	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPONSIBLE CHARGE						
OVERFLOWS	0	0	0	Theodore :	Schultz		1911004868				
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH PROANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	AT TYPED OR PRINTED NAME CERTIFICATE NUMBER							
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION  ANAGE THE SYSTEM OR THO  N, THE INFORMATION SUBMI	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 80445342							
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	COMPLETE, I AM AWARE THE ON, INCLUDING THE POSSIBIL	AT THERE ARE SIGNIFICANT								
		18 U.S.C. & 1001 AND 33 U.S.C. imprisonment of between 6 months		these TYPED OR PRINTED NAME SIGNATURE YEAR					DAY		
			3333411						Page 7		

OMEC PROT	GA EIN			DMR	RTING	
_				Co	ockrell C	reek
REEDV	LLE, VA				- Y- 11 - 1' X 1' 1	
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Oct-09	11:58	23.7	7.73	0.12	19.0
002	6-Oct-09	11:50	23.5	7.88	<0.1	18.0
995	6-Oct-09	12:05	23.7	7.75	0.140	18.0
				1125=		

#### Chesapeake Bay Water Quality Monitoring Data

#### Predischarge

After Discharge

	Time of							Time of		25				
Date	Sample	BOD	DO	Amm	Temp	рΗ	Salinity	Sample	BOD	DO	Amm	Temp	pН	Salinity
		(mg/L)	(mg/L)		°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt
1														
2													-	
3						**********								
4 5														-
6														
7														
8														
9														
10														
11				*******		-								
12														
13														
14			1											
15														
16														
17														
18														
19														
20														
21														
22					-									
23														
24														
25														
26														
27												1		
28														
29	13:05	<2	9.42	<0.1	16.3	7.87	19	13:15	<2	9.25	<0.1	16.2	7.93	19
30														
31														
Date	Time of	BOD	DO (ma/l)	Amm	Temp °C	pH	Salinity	Time of	BOD	DO (ma/l)	Amm (ma/l.)	Temp °C	pH	Salinity
	Sample	(mg/L)	(mg/L)	(mg/L)	C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	C	(SU)	ppt

Name of Vessel: Landcaster

Name of Sampler: Ted Schultz

C B Refrig Water Sample 2 Lancaster Oct09.xls

#### Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Date	Time of Sample	BOD	DO	Amm	Temp	рΗ	Salinity	Time of Sample	BOD	DO	Amm <sup>©</sup>	Temp	рН	Salinity
		(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt		(mg/L)	(mg/L)	(mg/L)	°C	su	ppt
1														
2														
3														
4														
5														
6				0.										
7														
8														
9	- 2													
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21		-15410410												
22														
23			SOUR SE											
24														
25														
26														
27														
28									Î					
29	12:40	<2	9.50	<0.1	16.5	7.98	19	12:50	2.2	9.30	<0.1	16.5	8.21	19
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Tideland

Name of Sampler: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 10/1/09 To 10/4/09
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Theodore Schuttz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system

my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent / Date

or those persons directly responsible for gathering the information, the information submitted is to the best of

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 10/5/09 To 10/11/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

F	Facility Name: Omega Protein Address: Reedville, VA.
١	VPDES Permit No.: VA0003867
F	Report Period: From 19 14 07 To 1918 07
	Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
,	
3	
3	
	*Comments on Noncompliance
	Theodore A Schultz / Technical Sepervisor  Name of Principal Exec. Officer or Authorized Agent / Title
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 10/19/09 To 10/25/09
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 10126109 To 10131109
Paint Area COMPLIANCE / NONCOMPLIANCE *  (check as appropriate)
*Comments on Noncompliance
Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).  Signature of Principal Officer or Authorized Agent / Date



6400 Enterprise Court, Gloucester, VA 23061 PH: 804-694-8285, FAX: 804-695-1129 www.coastalbio.com

#### SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011D Rev. 10/10/07)

Lab Sample ID (Lab Use Only)	O m	E G O	9 U (	- A	*			
FACILITY INFO	RMATION							
NAME OM	ega Proto	=12	& PHONE #	Ted Schultz				
NPDES PERMIT NO	VA 6663	3267		OR LOCATION	002			
SAMPLE CHLORINATED?	SAMPLE DECHLOR	RINATED? No	IF CHLORINE P PERMIT SPECIF	RESENT UPON ARRIVAL AT TY DECHLORINATION OF SA	LAB, DOES MPLES?			
TESTS	SPECIES OR EPA METH#	MI	Dahia	ACUTE 1	CHRONIC 🗆			
REQUESTED:	SPECIES OR EPA METH#	<i>C.</i>	Varieg	? ACUTÉ □	CHRONIC 🗆			
OTHER TESTS:	Se		ched.					
A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.								
GRAB SAMPL SAMPLE DATE	E INFORMATION	SAMPLE TIME		SAMPLE VOLUME				
		<u> </u>						
	SAMPLE INFORMATI	ON	COMPOSITE E	ND / /				
COMPOSITE STAI DATE & TIME	9/22/09 0	P:00	DATE & TIME	9/23/09 C	08:00			
TIME OR FLOW PROPORTIONAL	NUMBER SUBSAMPLES_		OL (MI) IBSAMPLES	INCREMENT_				
COMPOSITE	SET VOLUME SUBSAMPLE	50ml	SET VOLUME FLOW	/1000 ga) vo				
FOR VARIABLE VO	LUME SUBSAMPLES BASED	ON FLOW (COMPOSITING	"BY HAND") ATTAC	H SAMPLE AND FLOW INFORMA	TION ON SEPARATE SHEET			
FIELD MEASU	IREMENTS   DISCHARGE	SAMPLE S.	AMPLE	DATE/TIME	INITIALS			
TEMP (°C)	pH (S.U.)	Q	C (mg/l)	(e.g. 02/23/00 1835)	MAR			
25.1	6.68	7	19	12-3/09 8:10	1/1/5			
MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.  COMMENTS:  Theodore Schultz/Technical Superfusor  (SIGNATURE)  (DATE)								
(PRINTED N	AME/AFFILIATION SA	AMPLER/ANALYST	)	(SIGNATURE)	(DATE)			
RE	LINQUISHED BY	DAŢE	TIME	RECEIVE	D BY			
OK	Hall	1/23/09	10:4/0	D. Din				
7/0	7							
SHIPPING METHOD: UPS FEDEX HAND DELIVERY OTHER								
CONDITION ON ARRIVAL: ACCEPTABLE OTHER								
SAMPLE ARRIVAL TEMP: (°C) 4 ARRIVED ON ICE? YES NO								
NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold tin is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays								